

BETH C. DRAIN, CA CSR NO. 7152

BEFORE THE
INDEPENDENT CITIZENS' OVERSIGHT COMMITTEE
TO THE
CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE
ORGANIZED PURSUANT TO THE
CALIFORNIA STEM CELL RESEARCH AND CURES ACT
REGULAR MEETING

LOCATION: VIA ZOOM

DATE: FEBRUARY 25, 2021
10 A.M.

REPORTER: BETH C. DRAIN, CA CSR
CSR. NO. 7152

FILE NO.: 2021-05

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THURSDAY, FEBRUARY 25, 2021
10 A.M.

CHAIRMAN THOMAS: THANK YOU. I CALL THE
FEBRUARY 25TH MEETING OF THE ICOC AND THE
APPLICATION REVIEW SUBCOMMITTEE TO ORDER. MARIA,
COULD YOU PLEASE CALL THE ROLL.

MS. BONNEVILLE: HAIFAA ABDULHAQ.

DR. ABDULHAQ: HERE.

MS. BONNEVILLE: DAN BERNAL.

MR. BERNAL: PRESENT.

MS. BONNEVILLE: GEORGE BLUMENTHAL.

DR. BLUMENTHAL: HERE.

MS. BONNEVILLE: LINDA BOXER.

DR. BOXER: PRESENT.

MS. BONNEVILLE: ALLISON BRASHEAR.

DR. BRASHEAR: HERE.

MS. BONNEVILLE: DEBORAH DEAS.

DR. DEAS: HERE.

MS. BONNEVILLE: ANNE-MARIE DULIEGE.

DR. DULIEGE: YES.

MS. BONNEVILLE: YSABEL DURON.

MS. DURON: HERE.

MS. BONNEVILLE: ELENA FLOWERS.

DR. FLOWERS: PRESENT.

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1 MS. BONNEVILLE: JUDY GASSON.
2 DR. GASSON: HERE.
3 MS. BONNEVILLE: LARRY GOLDSTEIN.
4 DR. GOLDSTEIN: HERE.
5 MS. BONNEVILLE: DAVID HIGGINS.
6 DR. HIGGINS: HERE.
7 MS. BONNEVILLE: STEPHEN JUELSGAARD.
8 MR. JUELSGAARD: PRESENT.
9 MS. BONNEVILLE: LINDA MALKAS.
10 DR. MALKAS: HERE.
11 MS. BONNEVILLE: DAVE MARTIN. SHLOMO
12 MELMED.
13 DR. MELMED: HERE.
14 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
15 MS. MILLER-ROGEN: HERE.
16 MS. BONNEVILLE: ADRIANA PADILLA.
17 DR. PADILLA: HERE.
18 MS. BONNEVILLE: JOE PANETTA. FRANCISCO
19 PRIETO.
20 DR. PRIETO: HERE.
21 MS. BONNEVILLE: ROBERT QUINT.
22 DR. QUINT: HERE.
23 MS. BONNEVILLE: AL ROWLETT.
24 MR. ROWLETT: HERE.
25 MS. BONNEVILLE: MICHAEL STAMOS.

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1 DR. STAMOS: HERE.
2 MS. BONNEVILLE: OS STEWARD.
3 DR. STEWARD: HERE.
4 MS. BONNEVILLE: JONATHAN THOMAS.
5 CHAIRMAN THOMAS: HERE.
6 MS. BONNEVILLE: ART TORRES.
7 MR. TORRES: HERE.
8 MS. BONNEVILLE: KRISTINA VUORI.
9 DR. VUORI: HERE.
10 MS. BONNEVILLE: DIANE WINOKUR.
11 KEITH YAMAMOTO.
12 DR. YAMAMOTO: HERE.
13 MS. BONNEVILLE: THANK YOU. WE HAVE A
14 QUORUM.
15 DR. MARTIN: MARIA, DAVE MARTIN IS HERE
16 ALSO NOW.
17 MS. BONNEVILLE: THANK YOU, DAVE. NOW WE
18 REALLY HAVE A QUORUM.
19 CHAIRMAN THOMAS: THANK YOU, MARIA. THANK
20 YOU, EVERYBODY.
21 FOR THOSE OF YOU WEREN'T ABLE TO MAKE OUR
22 MEETING MONDAY, WE HAD A GREAT SESSION WITH 14
23 OUTSIDE EXPERTS FROM A VARIETY OF WALKS WHO LISTENED
24 TO A FULL-DAY SESSION ON WHAT CIRM IS DOING, THE
25 SORTS OF GRANTS THAT WE ARE FUNDING AS PRESENTED BY

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1 TEN DIFFERENT GRANTEES. AND IT LED TO A REALLY
2 IN-DEPTH, HIGHLY PARTICIPATORY DISCUSSION ON
3 SUGGESTIONS FOR CIRM AS IT PUTS TOGETHER THE
4 STRATEGIC PLAN FOR THE NEXT ITERATION IN LIGHT OF
5 THE PASSAGE OF PROP 14.

6 WE ARE GOING -- FOR THOSE WHO DID NOT MAKE
7 IT, IT WAS A RECORDED SESSION YOU CAN WATCH. MARIA,
8 PERHAPS YOU CAN TELL THEM WHERE THAT IS. IN ANY
9 EVENT, DR. MILLAN, WHO DID AN OUTSTANDING JOB IN THE
10 SESSION, AND I ARE GOING TO BE PRESENTING A REPORT
11 TO THE BOARD FOR DISCUSSION AT OUR MARCH BOARD
12 RETREAT. SO IT'S NOT SOMETHING THAT'S ON THE AGENDA
13 TODAY, BUT JUST WANTED TO MAKE NOTE OF THAT AND TO
14 THANK EVERYBODY WHO WAS ABLE TO PARTICIPATE AND LOOK
15 FORWARD TO THE DISCUSSION IN MARCH WHEN THE BOARD
16 GETS THE FULL REPORT.

17 MARIA, WHERE CAN THEY SEE THE SESSION?

18 MS. BONNEVILLE: IT'S NOT POSTED YET, BUT
19 IT WILL BE SHORTLY, AND I CAN SEND EVERYONE A LINK.

20 CHAIRMAN THOMAS: GREAT. OKAY. THANK YOU
21 VERY MUCH.

22 SO ON TO --

23 MS. BONNEVILLE: J.T., I THOUGHT YOU MIGHT
24 WANT TO HAVE THE NEW MEMBERS INTRODUCE THEMSELVES.

25 CHAIRMAN THOMAS: THAT'S THE NEXT THING.

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1 BEFORE WE GET INTO THE ACTION ITEMS, I WANTED TO
2 HAVE -- DR. ABDULHAQ, ARE YOU ON?

3 DR. ABDULHAQ: YES.

4 CHAIRMAN THOMAS: SO WE'RE GOING TO HAVE
5 DRS. ABDULHAQ, FLOWERS, AND STAMOS INTRODUCE
6 THEMSELVES TO THE BOARD AS IS OUR TRADITION.

7 MR. TORRES: AND DR. WATSON.

8 MS. BONNEVILLE: ART, SHE IS JUST JOINING
9 AS A MEMBER OF THE PUBLIC TODAY. SHE WILL BE AN
10 OFFICIAL MEMBER IN MARCH.

11 MR. TORRES: WE CAN STILL INTRODUCE HER AS
12 A FUTURE BOARD MEMBER.

13 MS. BONNEVILLE: OKAY. WE ALSO HAVE DR.
14 FISCHER-COLBRIE ON AS WELL.

15 CHAIRMAN THOMAS: OKAY. SO, DR. ABDULHAQ,
16 WE'LL START WITH YOU.

17 DR. ABDULHAQ: THANK YOU VERY MUCH. SO MY
18 NAME IS HAIFAA ABDULHAQ. AND I AM A HEMATOLOGIST
19 ONCOLOGIST AT UCSF FRESNO. I'M THE DIRECTOR OF
20 HEMATOLOGY AT UCSF FRESNO AND THE DIRECTOR OF THE
21 FELLOWSHIP PROGRAM.

22 I'M ACTUALLY VERY HONORED TO BE PART OF
23 THIS BOARD, AND I'M LOOKING FORWARD TO WORKING WITH
24 EVERYBODY TOWARDS SERVING THE PEOPLE OF CALIFORNIA
25 AND ESPECIALLY THE PEOPLE OF THE VALLEY. AND I AM

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1 TRAINED IN HEMATOLOGY ONCOLOGY, AND I'VE WORKED IN
2 BONE MARROW TRANSPLANT FOR A COUPLE YEARS IN
3 PITTSBURGH BEFORE COMING TO FRESNO. SO ONE OF MY
4 REALLY BIG GOALS FOR THE AREA OF THE VALLEY IS
5 HOPEFULLY TO ESTABLISH A CELLULAR THERAPY PROGRAM.

6 CHAIRMAN THOMAS: THANK YOU. DR. FLOWERS.

7 DR. FLOWERS: GOOD MORNING, EVERYONE. MY
8 NAME IS ELENA. I'M AT UC SAN FRANCISCO. I AM A
9 CARDIAC NURSE AND NOW FACULTY AT THE SCHOOL OF
10 NURSING. MY RESEARCH IS PRIMARILY FOCUSED ON SORT
11 OF A PRECISION HEALTH APPROACH TO PREVENTING TYPE 2
12 DIABETES AND PARTICULARLY IN THE HIGHEST RISK RACIAL
13 GROUPS.

14 I WAS APPOINTED TO THE BOARD AS A NEW
15 BOARD SEAT SPECIFICALLY FOR A NURSE, AND I'M REALLY
16 COMMITTED TO ADDRESSING KIND OF THE BROAD DIVERSE
17 NEEDS OF THE STATE OF CALIFORNIA, AND REALLY HAPPY
18 TO BE HERE WITH YOU ALL.

19 CHAIRMAN THOMAS: THANK YOU. DR. STAMOS.

20 DR. STAMOS: GOOD MORNING. THANK YOU.
21 MICHAEL STAMOS HERE. I'M A PROFESSOR OF SURGERY AND
22 THE DEAN OF THE SCHOOL OF MEDICINE AT UC IRVINE.
23 BACKGROUND, BUSY CLINICAL SURGEON, CLINICAL
24 TRIALIST, AND OUTCOMES RESEARCHER. THANK YOU VERY
25 MUCH FOR INCLUDING ME.

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1 CHAIRMAN THOMAS: OKAY. AND THEN WE'LL GO
2 TO OUR SOON-TO-BE-SWORN-IN MEMBERS WHO ARE ATTENDING
3 AS MEMBERS OF THE PUBLIC, BUT WILL BE JOINING US
4 FORMALLY IN MARCH. WE'LL START WITH DR.
5 FISCHER-COLBRIE. MARK, ARE YOU ON? MARIA, YOU DO
6 YOU SEE HIM ON THERE?

7 DR. FISCHER-COLBRIE: SORRY ABOUT THAT.
8 THANK YOU. WELL, I'M NOT A DOCTOR. I DO HAPPEN TO
9 HAVE PATENTS IN THERAPEUTICS AND DIAGNOSTICS IN A
10 30-YEAR CAREER IN THE LIFE SCIENCES. AND RELATED TO
11 THE ACTIVITIES ON CIRM, I'M FORMERLY THE CHAIRMAN OF
12 THE JUVENILE DIABETES RESEARCH FOUNDATION AND A
13 20-YEAR VOLUNTEER WITH JDRF, HOLDING A VARIETY OF
14 ROLES WITH THE GROUP.

15 I'M TRULY HONORED TO BE ABLE TO
16 PARTICIPATE WITH THE CIRM BOARD. SO I'M ALSO THE
17 CEO OF STRATEOS, WHICH IS AUTOMATING EARLY STAGE
18 DRUG DISCOVERY AND SYNTHETIC BIOLOGY IN OTHER AREAS
19 OF LIFE SCIENCES TO ALLOW PEOPLE TO ACCELERATE
20 RESEARCH BY ACCESSING A FLEET OF AUTOMATION OVER THE
21 CLOUD. SO WE HOPE TO EXPAND RESEARCH TOOLS AND
22 CAPABILITIES FOR EVERYBODY. SO THANKS.

23 CHAIRMAN THOMAS: THANK YOU, MARK. DR.
24 WATSON, LAST BUT NOT LEAST.

25 DR. WATSON: HI. I'M KAROL WATSON. I'M A

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1 CARDIOLOGIST AT UCLA. I RUN THE PREVENTIVE
2 CARDIOLOGY PROGRAM. MY BACKGROUND IS IN VASCULAR
3 BIOLOGY, A PH.D. IN THAT, AND MORE RECENTLY I'VE
4 BEEN INVOLVED IN DIABETES PREVENTION. I'M AN
5 INVESTIGATOR OF THE DIABETES PREVENTION PROGRAM AND
6 CARDIOVASCULAR DISEASE PREVENTION INVESTIGATOR
7 MULTIETHNIC (UNINTELLIGIBLE). SO I'M VERY
8 INTERESTED IN ALL THE ACTIVITIES OF THIS MEETING AND
9 VERY HONORED TO BE HERE. SO THANK YOU FOR WELCOMING
10 ME.

11 CHAIRMAN THOMAS: THANK YOU VERY MUCH.
12 AND THANK YOU, ALL FIVE OF YOU, FOR YOUR INTEREST IN
13 JOINING THE BOARD. AS WE TALKED ABOUT, I THINK YOU
14 WILL FIND THIS TO BE A TREMENDOUSLY WORTHWHILE AND
15 REWARDING EXPERIENCE ON BEHALF OF PATIENTS
16 EVERYWHERE. SO WE REALLY APPRECIATE YOUR INTEREST
17 AND PARTICIPATION. SO THANK YOU VERY MUCH.

18 WE'RE GOING TO GO ON NEXT TO THE ACTION
19 ITEMS. NO. 1 IS CONSIDERATION OF APPOINTMENT OF
20 MEMBERS OF THE ACCESSIBILITY AND AFFORDABILITY
21 WORKING GROUP. WE HAVE ONE NEW MEMBER TO ANNOUNCE
22 TODAY; THAT IS, DANA GOLDMAN, WHO IS THE DIRECTOR OF
23 THE SCHAEFFER CENTER FOR HEALTH POLICY AND ECONOMICS
24 AT USC, WHICH FILLS THE HEALTHCARE ECONOMIST SLOT OF
25 THE TEN MEMBERS LISTED IN THE PROPOSITION TO JOIN

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1 THE WORKING GROUP ITSELF.
2 WE NEED TO FORMALLY APPROVE DR. GOLDMAN.
3 AND SO DO I HEAR A MOTION TO THAT EFFECT?
4 DR. DULIEGE: I MOVE HIM.
5 CHAIRMAN THOMAS: MOVED BY DR. DULIEGE.
6 WHO IS THE SECOND? SORRY.
7 DR. GASSON: JUDY.
8 CHAIRMAN THOMAS: SECOND BY DR. GASSON.
9 THANK YOU. ANY DISCUSSION BY MEMBERS OF THE BOARD?
10 HEARING NONE, ANY DISCUSSION OR COMMENT BY MEMBERS
11 OF THE PUBLIC? HEARING NONE, MARIA, WOULD YOU
12 PLEASE CALL THE ROLE.
13 MS. BONNEVILLE: HAIFAA ABDULHAQ.
14 DR. ABDULHAQ: YES.
15 MS. BONNEVILLE: DAN BERNAL.
16 MR. BERNAL: YES.
17 MS. BONNEVILLE: GEORGE BLUMENTHAL.
18 DR. BLUMENTHAL: YES.
19 MS. BONNEVILLE: LINDA BOXER.
20 DR. BOXER: YES.
21 MS. BONNEVILLE: ALLISON BRASHEAR.
22 DR. BRASHEAR: YES.
23 MS. BONNEVILLE: DEBORAH DEAS.
24 DR. DEAS: YES.
25 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

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1 DR. DULIEGE: YES.
2 MS. BONNEVILLE: YSABEL DURON.
3 MS. DURON: YES.
4 MS. BONNEVILLE: ELENA FLOWERS.
5 DR. FLOWERS: YES.
6 MS. BONNEVILLE: JUDY GASSON.
7 DR. GASSON: YES.
8 MS. BONNEVILLE: LARRY GOLDSTEIN.
9 DR. GOLDSTEIN: YES.
10 MS. BONNEVILLE: DAVID HIGGINS.
11 DR. HIGGINS: YES.
12 MS. BONNEVILLE: STEPHEN JUELSGAARD.
13 MR. JUELSGAARD: YES.
14 MS. BONNEVILLE: LINDA MALKAS.
15 DR. MALKAS: YES.
16 MS. BONNEVILLE: DAVE MARTIN.
17 DR. MARTIN: YES.
18 MS. BONNEVILLE: SHLOMO MELMED.
19 DR. MELMED: YES.
20 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
21 MS. MILLER-ROGEN: YES.
22 MS. BONNEVILLE: ADRIANA PADILLA.
23 DR. PADILLA: YES.
24 MS. BONNEVILLE: JOE PANETTA. FRANCISCO
25 PRIETO.

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DR. PRIETO: AYE.

MS. BONNEVILLE: ROBERT QUINT. AL
ROWLETT.

MR. ROWLETT: YES.

DR. QUINT: YES. SORRY.

MS. BONNEVILLE: MICHAEL STAMOS.

DR. STAMOS: YES.

MS. BONNEVILLE: OS STEWARD.

DR. STEWARD: YES.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: YES.

MS. BONNEVILLE: ART TORRES.

MR. TORRES: AYE.

MS. BONNEVILLE: KRISTINA VUORI. DIANE
WINOKUR. KEITH YAMAMOTO.

DR. YAMAMOTO: YES.

MS. BONNEVILLE: MOTION CARRIES.

CHAIRMAN THOMAS: THANK YOU, MARIA.

ITEM NO. 4, CONSIDERATION OF AMENDMENTS TO
THE GRANTS WORKING GROUP BYLAWS. WE HAVE A
PRESENTATION ON THAT?

DR. SAMBRANO: YES. SO GOOD MORNING,
MEMBERS OF THE BOARD, CIRM COLLEAGUES, MEMBERS OF
THE PUBLIC. GIVE ME A MOMENT AS I SHARE MY SCREEN.
I JUST HAVE A BRIEF PRESENTATION HERE.

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1 SO THESE ARE PROPOSED AMENDMENTS TO THE
2 GRANTS WORKING GROUP BYLAWS. AND SO THE BYLAWS FOR
3 THE GWG, AS WE REFER TO IT, OUTLINE THE
4 RESPONSIBILITIES, FUNCTIONS, OVERALL PROCESS OF THE
5 GWG. AND SO WE UPDATE THESE PERIODICALLY TO PROVIDE
6 CLARITY WHERE NEEDED OR TO PROVIDE ADDITIONS OR
7 CHANGES AS THE PROCESS OR RULES CHANGE.

8 AND SO WITH PROP 14, WE HAVE A FEW
9 ADDITIONS AND MODIFICATIONS THAT NEED TO BE ADDED.
10 AND SO I WILL SUMMARIZE WHAT THOSE ARE BRIEFLY.

11 SO THROUGH PROP 14, WE HAVE THE ADDITION
12 OF WHAT ARE CALLED AD HOC MEMBERS TO THE GWG. THESE
13 ARE SCIENTIFIC MEMBERS. AND SO THE CORRESPONDING
14 DEFINITIONS ARE NOW INCLUDED IN THE BYLAWS. THERE
15 IS THE ADDITION OF A MINORITY REPORT REQUIREMENT FOR
16 APPLICATIONS THAT RECEIVE A FUNDABLE SCORE BY 35
17 PERCENT OR MORE OF THE GWG.

18 THERE'S A CLARIFICATION THAT THE ICOC MAY
19 DEEM A RESEARCH CATEGORY A VITAL RESEARCH
20 OPPORTUNITY BY A MAJORITY VOTE. THIS IS A NEW
21 ADDITION WHERE IT WAS PREVIOUSLY THE GWG.

22 THERE'S A CLARIFICATION THAT A SCORE OF A
23 2 FOR A CLINICAL APPLICATION, SO THOSE APPLICATIONS
24 ARE SCORED ON A BASIS OF 1, 2, OR 3, SO A SCORE OF 2
25 IS CONSIDERED PROVISIONAL UNTIL THE GRANTS WORKING

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1 GROUP REVIEWS THE SUBMISSION BY THE APPLICANT IN
2 ORDER TO ADDRESS REVIEWER QUESTIONS AND CONCERNS.

3 AND, FINALLY, THERE ARE A FEW SCATTERED
4 MINOR EDITS TO CONFORM LANGUAGE TO THAT WHICH IS
5 FOUND IN PROP 14.

6 AND SO WITH THAT, WE REQUEST BOARD
7 APPROVAL TO THOSE PROPOSED CHANGES TO THE GRANTS
8 WORKING GROUP BYLAWS.

9 CHAIRMAN THOMAS: THANK YOU, DR. SAMBRANO.
10 DO WE HEAR A MOTION TO THAT EFFECT?

11 DR. HIGGINS: SO MOVED.

12 DR. ABDULHAQ: SECOND.

13 CHAIRMAN THOMAS: COMMENTS?

14 MS. DURON: MR. CHAIR, JUST FOR MY OWN
15 CLARIFICATION, WHEN I SEE THE WORD "MINORITY," I
16 IMMEDIATELY JUMP ON IT. SO CAN THEY CLARIFY FOR ME
17 WHAT EXACTLY YOU MEAN BY ADDING THE MINORITY REPORT
18 SO I UNDERSTAND WHAT YOU'RE TALKING ABOUT?

19 DR. SAMBRANO: SURE. ABSOLUTELY. SO THE
20 MINORITY REPORT MEANS A MINORITY OF MEMBERS ON THE
21 GRANTS WORKING GROUP WHO VOTE IN FAVOR OF AN
22 APPLICATION. AND SO THE MINORITY REPORT IS
23 BASICALLY HIGHLIGHTING THE STRENGTHS AND WEAKNESSES
24 OF THE APPLICATION FROM THEIR PERSPECTIVE. SO THAT
25 WE HAVE JUST A BALANCED PRESENTATION OF WHAT THE

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1 OVERALL ASSESSMENT BY THE GRANTS WORKING GROUP WAS,
2 NOT JUST THE MAJORITY OF THE WORKING GROUP, BUT ALSO
3 THE MINORITY PERSPECTIVE.

4 MS. DURON: THANK YOU FOR THE
5 CLARIFICATION. COULD YOU ALSO CLARIFY FOR ME ONE
6 MORE THING? I KNOW THAT WE HAD BEEN DISCUSSING THIS
7 FOR MONTHS. WE HAVE ADDED IT AS, I GUESS IT'S, A
8 POLICY OR PART OF IN WHICH WE ARE REQUIRING
9 RESEARCHERS TO PROVIDE A PART OF THE PLAN IN THE
10 APPLICATION TO SHOW THE ENGAGEMENT OF A
11 PROPORTIONATE NUMBER OF MINORITY OR ETHNIC AND
12 RACIAL GROUPS. IS THAT REINFORCED IN ANY WAY? I
13 JUST DON'T WANT IT TO BECOME SOMETHING WE DID, BUT
14 IT'S NOT ENFORCED BY THE WORKING GRANTS GROUP.

15 I GOT AN IMPRESSION LAST YEAR IN REVIEWING
16 THAT WHICH THEY HAD REVIEWED THAT IT WAS SORT OF
17 WILLY-NILLY HOW THEY LOOKED AT IT, AND THAT
18 RESEARCHERS DIDN'T ALWAYS PAY ATTENTION TO THAT
19 REQUIREMENT AS MUCH AS I WOULD HAVE LIKED TO HAVE
20 SEEN OR THEY TOOK IT SERIOUSLY. I JUST WANT TO KNOW
21 THAT IN WHATEVER LANGUAGE WE ARE APPROVING AND/OR
22 HOWEVER WE APPROVE WHAT WE ARE DOING -- EXCUSE ME IF
23 I DON'T HAVE THE RIGHT WORDS FOR IT -- THAT THAT IS
24 FRONT AND CENTER, THAT THEY UNDERSTAND THIS IS
25 SOMETHING THAT WE REALLY CARE ABOUT, THAT THEY HAVE

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1 TO SHOW IN THAT RESEARCH PROPOSAL THAT WE HAVE A
2 PROPORTIONATE REPRESENTATION OF RACIAL AND ETHNIC
3 MINORITIES INCLUDED IN THAT RESEARCH AND THAT THE
4 RESEARCH THAT THE WORKING GRANTS GROUP IS ALSO VERY
5 CLEAR THAT THAT IS A VERY POINTED REQUEST THAT THEY
6 NEED TO LOOK FOR.

7 I DON'T KNOW HOW CLEAR WE'VE MADE IT. I
8 JUST WANT TO MAKE SURE THAT THE CLARITY IS THERE AS
9 WE ADD, CHANGE, UPDATE ANY OF OUR POLICIES. MAY NOT
10 NEED TO SAY IT, BUT I JUST WANTED TO SAY IT BECAUSE
11 WE HAVE SOME NEW MEMBERS AS WELL, AND I'D LIKE THEM
12 TO KNOW HOW WE ARE TRYING TO MOVE THIS KIND OF
13 EQUITY AND EQUALITY FORWARD IN TERMS OF
14 REPRESENTATION OF SOME OF THE MOST HIGHLY IMPACTED
15 COMMUNITIES REPRESENTED IN THE RESEARCH THAT WE ARE
16 DOING. SO I WANT TO MAKE THAT STATEMENT. GIL, THIS
17 IS NOTHING TO DO NECESSARILY WITH WHETHER OR NOT
18 THOSE FOUR OR FIVE ISSUES YOU RAISED INCLUDE THAT,
19 BUT I WANT TO MAKE SURE THAT WE ARE VERY CLEAR ABOUT
20 THAT AS WE MOVE FORWARD.

21 DR. SAMBRANO: ABSOLUTELY. AND SO WE HAVE
22 INCLUDED THAT IN THE PROGRAM ANNOUNCEMENTS AND THE
23 RFA'S. SO WE HAVE RAISED THAT ELEMENT TO BE A
24 SPECIFIC REVIEW CRITERION. SO IN THE PAST WE USED
25 TO HAVE FOUR CENTRAL QUESTIONS THAT THE GRANTS

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1 WORKING GROUP FOCUSED ON IN ASSESSING APPLICATIONS.
2 NOW THERE IS A FIFTH WHICH REVOLVES AROUND THE
3 UNDERSERVED COMMUNITIES AND ENSURING THAT THOSE
4 NEEDS ARE ADDRESSED. SO THAT INCLUDES LOOKING AT
5 RACE, ETHNICITY, SEX, GENDER DISTRIBUTION,
6 ENROLLMENT INTO CLINICAL TRIALS, AS WELL AS THEIR
7 CONSIDERATION IN THEIR WORK PLAN.

8 AND THEN WE HAVE, IN ADDITION, ADDED SORT
9 OF A DEI SECTION THAT IS BROADER IN SCOPE THAT
10 APPLICANTS WILL ADDRESS. AND SO AT THE MOMENT WE'RE
11 WORKING ON THE GUIDANCE THAT WE'RE GOING TO PROVIDE
12 THE GRANTS WORKING GROUP IN ORDER TO ASSESS
13 APPLICATIONS IN THIS WAY, WHICH IS ALSO IMPORTANT AS
14 WE BEGIN TO SEE WHAT WE GET BACK. SO THAT IS IN
15 PROGRESS, BUT IT DOESN'T DIRECTLY IMPACT THE BYLAWS.

16 MS. DURON: ALL RIGHT. THANK YOU. THANK
17 YOU, MR. CHAIRMAN.

18 MR. BERNAL: ARE ALL OF THE AMENDMENTS
19 THAT ARE BEING PROPOSED BEING MADE IN ORDER TO
20 CONFORM TO THE PROVISIONS OF PROP 14, OR ARE THERE
21 ANY AMENDMENTS THAT FALL OUTSIDE OF THAT BESIDES
22 MINOR TECHNICAL CORRECTIONS?

23 DR. SAMBRANO: THEY ARE PRIMARILY TO
24 ADDRESS PROP 14 CHANGES. SO INCLUDING THE MINORITY
25 REPORT ELEMENT THAT THOSE ARE ALL DUE TO PROP 14.

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1 MR. BERNAL: ARE THERE ANY SIGNIFICANT
2 AMENDMENTS THAT ARE OUTSIDE OF CONFORMING TO PROP
3 14?

4 DR. SAMBRANO: SO THE ONLY ONE THAT FALLS
5 OUTSIDE IS DEEMING A SCORE OF 2 A PROVISIONAL SCORE,
6 BUT THAT IS INTENDED TO TIE IN WITH THE MINORITY
7 REPORT IN TERMS OF JUST IN, PRACTICALLY SPEAKING,
8 HOW WE IMPLEMENT IT. SO IT IS RELATED TO IT, BUT
9 NOT DIRECTLY COMING FROM PROP 14.

10 MR. BERNAL: THANK YOU.

11 CHAIRMAN THOMAS: OTHER COMMENTS OR
12 QUESTIONS FROM MEMBERS OF THE BOARD? ANY COMMENTS
13 BY MEMBERS OF THE PUBLIC?

14 DR. STEWARD: ACTUALLY I DO HAVE A
15 QUESTION IF I COULD.

16 CHAIRMAN THOMAS: PLEASE.

17 DR. STEWARD: SO, GIL, THIS IS WITH REGARD
18 TO THE ISSUE OF THINGS THAT ARE INSIDE SCOPE, OUT OF
19 SCOPE, AND CONSIDERED TO BE EXTRAORDINARY RESEARCH
20 OPPORTUNITIES. SO NOW THIS MOVES FROM GWG TO THE
21 BOARD. I WONDER IF YOU COULD JUST SORT OF EXPLAIN.
22 SO IF A GRANT COMES IN THAT IS NOT CONSIDERED EITHER
23 IN SCOPE OR ALREADY RECOGNIZED, THEN DOES CIRM SEND
24 IT TO THE GWG FOR REVIEW OR NOT?

25 AND MY BASIC QUESTION THEN BECOMES AT WHAT

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1 STAGE OF THE PROCESS WOULD THE BOARD ACTUALLY
2 CONSIDER AND VOTE UPON THAT NEW DESIGNATION? THANK
3 YOU.

4 DR. SAMBRANO: SURE. ABSOLUTELY. SO
5 THERE'S A COUPLE OF EXAMPLES THAT I CAN POINT TO
6 WHICH BASICALLY ARE THE ONES THAT WE HAVE DONE IN
7 THE PAST. ONE BEING GENE THERAPY. BEFORE PROP 14,
8 GENE THERAPY WAS AN AREA OF RESEARCH THAT WAS NOT
9 WITHIN SCOPE BECAUSE IT DID NOT INVOLVE STEM CELLS.
10 SO THE WAY IT WOULD WORK IS THAT WE WOULD BRING A
11 CONCEPT OR IDEA THAT AN AREA OF RESEARCH SHOULD BE A
12 VITAL RESEARCH OPPORTUNITY. SO WE BRING THIS TO THE
13 BOARD, AND THE BOARD WOULD PRESUMABLY APPROVE OR NOT
14 APPROVE. AND IF IT'S APPROVED AS A VITAL RESEARCH
15 OPPORTUNITY, THEN WE WOULD INCLUDE THAT WITHIN THE
16 ELIGIBILITY CRITERIA IN OUR PROGRAMS. AND THAT
17 COULD BE BROAD, IT COULD BE NARROW, IT COULD BE
18 RESTRICTED TO CERTAIN FUNDING OPPORTUNITIES AND NOT
19 OTHERS. SO IT WILL BE DEPENDENT ON THE PLEASURE OF
20 THE BOARD IN THAT REGARD.

21 DR. STEWARD: THANK YOU. JUST A FOLLOW-UP
22 QUESTION IF I COULD. SO I'M NOT SURE QUITE WHO
23 WOULD DO THIS, BUT IS THERE AN OPPORTUNITY FOR AN
24 INVESTIGATOR-INITIATED REQUEST FOR CONSIDERATION FOR
25 AN AREA OF RESEARCH TO BE CONSIDERED BY CIRM?

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1 DR. SAMBRANO: SO CURRENTLY WE DON'T HAVE
2 ONE WHERE IT'S AN AD HOC PROCESS, BUT RATHER IT'S WE
3 ARE ATTEMPTING TO MAKE IT MORE FORMALIZED. SO WHAT
4 INFORMS THE AREA OF RESEARCH IS OUR STRATEGIC
5 PLANNING PROCESS, ADVICE FROM SCIENTIFIC ADVISORY
6 PANELS, GENERAL FEEDBACK THAT WE GET FROM THE
7 COMMUNITY THAT WE THEN BRING BACK TO THE BOARD. OR
8 IF THE BOARD ITSELF IDENTIFIES AN AREA OF RESEARCH
9 THAT THEY FEEL IS A VITAL RESEARCH OPPORTUNITY,
10 THAT'S ALSO AN AVENUE. OTHERWISE, THERE ISN'T AN AD
11 HOC PROCESS.

12 DR. STEWARD: OKAY. THANK YOU. I JUST
13 WANTED TO KIND OF HAVE YOU ANSWER THAT BECAUSE THERE
14 WAS A DISCUSSION BEFORE ABOUT SORT OF A RAIN OF
15 PROPOSALS OR REQUESTS FOR CONSIDERATION. I THINK
16 THIS IS ACTUALLY A VERY GOOD WAY TO DO THAT. IT'S
17 SOMETHING THAT WOULD BE INITIATED BY CIRM, NOT BY AD
18 HOC REQUESTS. I THINK GOING FORWARD IN THAT WAY IS
19 A GOOD PLAN TO MAINTAIN BOTH THE STANDARDIZATION AND
20 A LEVEL OF CONTROL IN THE WHOLE PROCESS. SO THANK
21 YOU VERY MUCH. I THINK IT'S A GOOD SOLUTION.

22 CHAIRMAN THOMAS: THANK YOU, OS.

23 ANY OTHER COMMENTS BY MEMBERS OF THE
24 BOARD? ANY COMMENTS BY MEMBERS OF THE PUBLIC?
25 HEARING NONE --

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1 MS. BONNEVILLE: I THINK I'LL CALL THE
2 ROLL.
3 HAIFAA ABDULHAQ.
4 DR. ABDULHAQ: YES.
5 MS. BONNEVILLE: DAN BERNAL.
6 MR. BERNAL: YES.
7 MS. BONNEVILLE: GEORGE BLUMENTHAL.
8 DR. BLUMENTHAL: YES.
9 MS. BONNEVILLE: LINDA BOXER.
10 DR. BOXER: YES.
11 MS. BONNEVILLE: ALLISON BRASHEAR.
12 DR. BRASHEAR: YES.
13 MS. BONNEVILLE: DEBORAH DEAS.
14 DR. DEAS: YES.
15 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
16 DR. DULIEGE: YES.
17 MS. BONNEVILLE: YSABEL DURON.
18 MS. DURON: YES.
19 MS. BONNEVILLE: ELENA FLOWERS.
20 DR. FLOWERS: YES.
21 MS. BONNEVILLE: JUDY GASSON.
22 DR. GASSON: YES.
23 MS. BONNEVILLE: LARRY GOLDSTEIN.
24 DR. GOLDSTEIN: YES.
25 MS. BONNEVILLE: DAVID HIGGINS.

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1 DR. HIGGINS: YES.
2 MS. BONNEVILLE: STEPHEN JUELSGAARD.
3 MR. JUELSGAARD: YES.
4 MS. BONNEVILLE: LINDA MALKAS.
5 DR. MALKAS: YES.
6 MS. BONNEVILLE: DAVE MARTIN. SHLOMO
7 MELMED.
8 DR. MELMED: YES.
9 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
10 MS. MILLER-ROGEN: YES.
11 DR. MARTIN: YES FOR DAVE.
12 MS. BONNEVILLE: THANK YOU, DAVE. ADRIANA
13 PADILLA.
14 DR. PADILLA: YES.
15 MS. BONNEVILLE: FRANCISCO PRIETO.
16 DR. PRIETO: AYE.
17 MS. BONNEVILLE: ROBERT QUINT.
18 DR. QUINT: YES.
19 MS. BONNEVILLE: AL ROWLETT.
20 MR. ROWLETT: YES.
21 MS. BONNEVILLE: MICHAEL STAMOS.
22 DR. STAMOS: YES.
23 MS. BONNEVILLE: OS STEWARD.
24 DR. STEWARD: YES.
25 MS. BONNEVILLE: JONATHAN THOMAS. DID WE

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1 LOSE J.T.?

2 ART TORRES.

3 MR. TORRES: AYE.

4 MS. BONNEVILLE: KEITH YAMAMOTO.

5 DR. YAMAMOTO: YES.

6 MS. BONNEVILLE: MOTION CARRIES.

7 ART, I THINK, DO YOU WANT TO CONTINUE WITH
8 THE MEETING? SORRY TO PUT YOU ON THE SPOT LIKE
9 THAT. I THINK J.T. IS TRYING TO CONNECT.

10 MR. TORRES: OKAY. WHAT'S THE NEXT ITEM?

11 MS. BONNEVILLE: IT'S THE GIL SHOW TODAY.
12 SO GIL IS OUR NEXT ITEM.

13 MR. TORRES: CALLING ON MR. GIL AND HIS
14 AGENTS.

15 DR. SAMBRANO: SO I THINK THE NEXT ITEM IS
16 NOMINATIONS FOR GRANTS WORKING GROUP MEMBERS. SO WE
17 HAVE THE PROPOSED NOMINATIONS FOR NEW MEMBERS AS
18 WELL AS REAPPOINTMENT OF SOME OLD MEMBERS. SO THOSE
19 MEMBERS INCLUDE DR. MARCELLA MOUSE.

20 MR. TORRES: JUST A MOMENT. AS A MEMBER
21 OF THE CHRONOLOGICALLY GIFTED COMMUNITY, I DON'T
22 THINK YOU SHOULD SAY OLD MEMBER.

23 DR. SAMBRANO: OKAY. MORE EXPERIENCED
24 GRANTS WORKING GROUP MEMBERS. OKAY.

25 SO THE NEW MEMBERS ARE DR. MARCELA MAUS,

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1 JOSEPH MELENHORST, WILLIAM PERANTEAU, JOHN STROUSE,
2 AND ALAN SUGAR AND SO THESE ARE NEW MEMBERS. OUR
3 MORE EXPERIENCED MEMBERS WHO SEEK REAPPOINTMENT ARE
4 DOUG KERR AND JOHN WAGNER. SO WE WOULD LIKE THESE
5 MEMBERS APPROVED AS GWG.

6 MR. TORRES: IS THERE A MOTION?

7 DR. BLUMENTHAL: SO MOVED.

8 MR. TORRES: SECOND?

9 MR. ROWLETT: SECOND.

10 MR. TORRES: IT'S BEEN MOVED AND SECONDED.
11 ANY FURTHER DISCUSSION ON THIS ITEM? ANY PUBLIC
12 COMMENT?

13 DR. MELMED: JUST A QUESTION FOR GIL. CAN
14 YOU DESCRIBE TO US HOW THESE SCIENTISTS ARE CHOSEN?
15 IS THIS AN INTERNAL SCIENTIFIC REVIEW BY STAFF AND
16 BY THE PRESIDENT, OR HOW DO WE CHOOSE THE BEST
17 SCIENTISTS FOR THIS GROUP?

18 DR. SAMBRANO: THAT'S A GREAT QUESTION.
19 SO WE GO ABOUT IT IN DIFFERENT WAYS IN TERMS OF
20 IDENTIFYING THESE MEMBERS. SO A LOT OF IT IS
21 THROUGH RECOMMENDATIONS FROM EITHER EXISTING MEMBERS
22 THAT WE HAVE OR OUTREACH THROUGH MEETINGS AND
23 IDENTIFYING PEOPLE AT CONFERENCES OR OTHER ARENAS
24 WHERE WE KNOW EXPERTISE EXISTS.

25 WE OFTEN HAVE MEMBERS PARTICIPATE AS

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1 SPECIALISTS. SO A SPECIALIST WILL COME IN TO FILL
2 IN EXPERTISE GAPS AS NEEDED FOR A REVIEW MEETING.
3 AND SO THAT OFTEN WILL GIVE US AN INITIAL SENSE OF
4 BOTH THEIR EXPERTISE AND RELATIVE COMMITMENT AND
5 JUST THEIR GENERAL ABILITY TO REVIEW IN OUR SETTING.

6 AND SO I THINK ALL THOSE ELEMENTS COMBINED
7 WILL USUALLY HAVE US THEN PROVIDE THESE
8 RECOMMENDATIONS TO YOU AS MEMBERS OF THE GWG.

9 DR. MELMED: I THINK THAT THE BOARD SHOULD
10 BE ASSURED. I TRUST WHAT YOU ARE SAYING, AND I LIKE
11 YOUR APPROACH. WE SHOULD BE ASSURED THAT THE
12 ABSOLUTE BEST SCIENTISTS AVAILABLE ARE ACTUALLY ON
13 OUR PANELS. I'M NOT HEARING FROM YOU A FORMAL
14 PROCESS FOR WHO MAKES THAT ULTIMATE DECISION TO
15 BRING THOSE NAMES TO US. THE PROCESS THAT YOU
16 OUTLINE SOUNDS TERRIFIC, BUT I'M WONDERING IF WE
17 SHOULDN'T HAVE A MORE FORMALIZED APPROACH TO
18 CHOOSING THE BEST SCIENTISTS. ARE THERE GAPS? WE
19 DON'T KNOW. WE DON'T GET THAT FROM YOU.

20 DR. SAMBRANO: RIGHT. THERE ARE GAPS.
21 AND SO CERTAINLY PART OF WHAT WE ATTEMPT TO DO IS
22 IDENTIFY PEOPLE WHO ARE WILLING AND ABLE TO
23 PARTICIPATE. CERTAINLY, AS YOU MENTIONED,
24 AVAILABILITY IS ALSO KEY. ENSURING THAT, AS WE
25 REACH OUT TO WHAT WE BELIEVE ARE THE BEST SCIENTISTS

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1 AND REVIEWERS IN AN ARENA, IS THAT THEY'RE GOING TO
2 BE WILLING TO PARTICIPATE. SO THERE IS AN
3 ATTRITION, IF YOU WILL, IN OUR SEARCH FOR SOME OF
4 THESE FOLKS. AND SO THOSE THAT WE BRING ARE THOSE
5 THAT AT LEAST HAVE BEEN VETTED TO THE EXTENT THAT
6 THEY'VE PARTICIPATED TO SOME EXTENT.

7 THAT DECISION IS MADE, IN TERMS OF WHO WE
8 BRING, BY MYSELF GENERALLY WITH APPROVAL FROM DR.
9 MILLAN IN TERMS OF ENSURING THAT THESE FOLKS ARE UP
10 TO PAR.

11 DR. MELMED: WELL, THEN, THE QUESTION IS
12 FOR MARIA. IS SHE SATISFIED THAT SHE'S GETTING THE
13 BEST AND MOST DIVERSE INTENSE SCIENCE REVIEWS THAT
14 SHE NEEDS? MARIA, THE QUESTION IS DO YOU NEED A
15 MORE RIGID FORMAL PROCESS FOR ASSURING THE QUALITY
16 AND THE BREADTH AND DEPTH OF OUR REVIEWERS?

17 DR. MILLAN: DR. MELMED, THIS IS A TOPIC
18 THAT'S ON OUR TO-DO LIST. I WOULD LIKE TO FORMALIZE
19 A PROCESS, AND WE'LL BRINGING SOMETHING TO THE
20 BOARD.

21 DR. MELMED: THANK YOU.

22 DR. MILLAN: THANK YOU.

23 MS. DURON: CAN I STEP UP NOW, MR. CHAIR
24 ASSISTANT, BRIGHTEST BULB IN THE ROOM, MR. TORRES?
25 THANK YOU.

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1 MR. TORRES: I'M NOT THE CHAIR'S
2 ASSISTANT. I AM THE ACTING CHAIR. PLEASE CONTINUE.

3 MS. DURON: THANK YOU VERY MUCH FOR THE
4 DECISION.

5 ANYWAY, MELMED RAISED AN ISSUE, AND I'M
6 GOING TO SOUND TO SOME OF THE NEW MEMBERS LIKE A
7 BROKEN RECORD. BUT ALSO, EVEN AS WE WERE TALKING
8 ABOUT THE LIST, THE FIRST THING I SAID IS THERE'S A
9 LOT OF MEN THERE.

10 THE SECOND THING I THOUGHT ABOUT IS I DO
11 NOT KNOW THE COMPOSITION OF THIS GROUP AND THE
12 RACIAL/ETHNIC/GENDER BREAKDOWN EVEN AS I HEARD A LOT
13 OF MEN ON THE LIST.

14 SO TO MELMED'S POINT ABOUT REALLY GREAT
15 SCIENTISTS, SOMETIMES THE BRIGHTEST BULB IN THE ROOM
16 IS NOT ALWAYS THE ONE THAT YOU NEED AT THE TABLE.
17 AND I'M CONCERNED, MARIA, AND HOPE YOU ARE LOOKING
18 AT THIS, WHETHER OR NOT WE'RE INCLUDING --

19 MR. TORRES: CAN PEOPLE MUTE THEMSELVES,
20 PLEASE. GETTING A LOT OF FEEDBACK. GO AHEAD, MS.
21 DURON.

22 MS. DURON: EVEN AS WE ARE TRYING TO
23 ADDRESS EQUITY AND EQUALITY, WE NEED REPRESENTATION
24 FROM THE SCIENTIFIC COMMUNITY AS WELL TO REPRESENT
25 BOTH THE COMMUNITY OF CALIFORNIA, AND WE NEED TO

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1 MAKE SURE THAT WE ARE GETTING INTO THE PIPELINE --

2 CHAIRMAN THOMAS: MARIA, WHERE WERE WE?

3 MR. TORRES: J.T., YSABEL IS CONTINUING TO
4 SPEAK, AND WE'RE GOING TO GET TO THE NEXT ITEM,
5 WHICH IS ITEM NO. 3, ONCE YOU GET BACK ONLINE.

6 MS. DURON: THANK YOU. AND SO I'M
7 THINKING, MARIA, THAT EVEN AS YOU START TO LOOK AT
8 THIS FORMALIZED PROCESS, THAT WE WORK VERY HARD TO
9 REACH OUT TO SCIENTISTS OF COLOR, RACIAL, ETHNIC,
10 AND WOMEN TO MAKE SURE THAT WE BRING NEW THINKING,
11 FRESH THINKING, NEW LENSES TO THE WHOLE PROCESS.
12 AND THAT'S WHAT I'D LIKE TO SEE WHEN YOU COME TO US
13 AT THE NEXT MEETING.

14 MR. TORRES: BOTH EXCELLENT
15 RECOMMENDATIONS. AND, OF COURSE, I JUST WANT TO
16 REITERATE AVAILABILITY AND LOGISTICS HAS ALWAYS BEEN
17 AN ISSUE IN GETTING THE BEST CANDIDATES. BUT I
18 THINK IT'S ALSO IMPORTANT FOR MEMBERS OF THE BOARD
19 TO SUBMIT NAMES TO GIL AND MARIA ONCE THE PROCESS IS
20 REVISED AGAIN SO THAT THEIR INPUT, BOARD MEMBERS'
21 INPUT, ARE IMPORTANT OF PEOPLE THAT WE SHOULD
22 INCLUDE ON ANY FUTURE LIST THAT WE MAY NOT BE AWARE
23 OF OR HAVE NOT COME TO OUR ATTENTION.

24 SO IS THERE A MOTION ON THE FLOOR AND A
25 SECOND? ANY PUBLIC COMMENT OR FURTHER COMMENT FROM

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1 MEMBERS OF THE BOARD?

2 MR. GOLDSTEIN: COULD I INSERT A COMMENT
3 HERE? I RAISED MY HAND, BUT THAT DOESN'T SEEM TO
4 ATTRACT ATTENTION. SO I APOLOGIZE FOR BREAKING IN.

5 MR. TORRES: THAT'S QUITE ALL RIGHT. A
6 WHISTLE WILL DO.

7 MR. GOLDSTEIN: OKAY. SO I'VE SERVED ON
8 NUMEROUS STUDY SECTIONS FOR NIH AND AMERICAN CANCER
9 OVER THE YEARS. AND GIL MAY HAVE ADDRESSED THIS IN
10 PASSING. I COULDN'T QUITE TELL. BUT THERE WAS A
11 TRADITION IN MANY OF THESE VENUES OF HAVING MEMBERS
12 SERVE AS TEMPORARY MEMBERS OF A GROUP BEFORE THEY
13 WERE APPOINTED AS PERMANENT BECAUSE THAT ALLOWED THE
14 MEMBERS OF THE GROUP, THE CHAIR, THE STAFF TO
15 EVALUATE EXPERTISE AS WELL AS THEIR ABILITY TO WORK
16 WITH OTHER MEMBERS OF THE GRANT REVIEW GROUP, WHICH
17 IS ALSO AN IMPORTANT DYNAMIC. YOU NEED PEOPLE TO BE
18 ABLE TO WORK TOGETHER.

19 MR. TORRES: EXCELLENT POINT AGAIN, AND
20 I'M SURE MARIA AND GIL WILL TAKE THAT INTO
21 CONSIDERATION. ANY FURTHER COMMENTS FROM MEMBERS OF
22 THE BOARD ON THIS ITEM? ANY PUBLIC COMMENTS? THERE
23 BEING NONE, MARIA, PLEASE CALL THE ROLL. AND THEN,
24 DR. THOMAS, WE WILL NEXT CONSIDER WHEN YOU TAKE BACK
25 OVER ITEM NO. 6.

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1 CHAIRMAN THOMAS: THANK YOU, SENATOR
2 TORRES.
3 MS. BONNEVILLE: HAIFAA ABDULHAQ.
4 DR. ABDULHAQ: YES.
5 MS. BONNEVILLE: DAN BERNAL.
6 MR. BERNAL: YES.
7 MS. BONNEVILLE: GEORGE BLUMENTHAL.
8 DR. BLUMENTHAL: YES.
9 MS. BONNEVILLE: LINDA BOXER.
10 DR. BOXER: YES.
11 MS. BONNEVILLE: ALLISON BRASHEAR.
12 DR. BRASHEAR: YES.
13 MS. BONNEVILLE: DEBORAH DEAS.
14 DR. DEAS: YES.
15 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
16 DR. DULIEGE: YES.
17 MS. BONNEVILLE: YSABEL DURON.
18 MS. DURON: YES.
19 MS. BONNEVILLE: ELENA FLOWERS.
20 DR. FLOWERS: YES.
21 MS. BONNEVILLE: JUDY GASSON.
22 DR. GASSON: YES.
23 MS. BONNEVILLE: LARRY GOLDSTEIN.
24 DR. GOLDSTEIN: YES.
25 MS. BONNEVILLE: DAVID HIGGINS.

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1 DR. HIGGINS: YES.
2 MS. BONNEVILLE: STEPHEN JUELSGAARD.
3 MR. JUELSGAARD: YES.
4 MS. BONNEVILLE: LINDA MALKAS.
5 DR. MALKAS: YES.
6 MS. BONNEVILLE: DAVE MARTIN.
7 DR. MARTIN: YES.
8 MS. BONNEVILLE: SHLOMO MELMED.
9 DR. MELMED: YES.
10 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
11 MS. MILLER-ROGEN: YES.
12 MS. BONNEVILLE: ADRIANA PADILLA.
13 DR. PADILLA: YES.
14 MS. BONNEVILLE: FRANCISCO PRIETO.
15 DR. PRIETO: AYE.
16 MS. BONNEVILLE: ROBERT QUINT.
17 DR. QUINT: YES.
18 MS. BONNEVILLE: AL ROWLETT. MICHAEL
19 STAMOS.
20 DR. STAMOS: YES.
21 MS. BONNEVILLE: OS STEWARD.
22 DR. STEWARD: YES.
23 MS. BONNEVILLE: JONATHAN THOMAS.
24 CHAIRMAN THOMAS: YES.
25 MS. BONNEVILLE: ART TORRES.

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1 MR. TORRES: AYE.

2 MS. BONNEVILLE: KEITH YAMAMOTO.

3 DR. YAMAMOTO: YES.

4 MS. BONNEVILLE: AL, ARE YOU STILL ON?

5 THE MOTION CARRIES.

6 CHAIRMAN THOMAS: THANK YOU, MARIA. AND
7 THANK YOU VERY MUCH, SENATOR TORRES, FOR STEPPING IN
8 DURING THE TECHNICAL DIFFICULTIES.

9 NEXT WE GO ON TO A PRESENTATION ON ONE OF
10 OUR FIVE PILLARS AT CIRM, WHICH IS CONSIDERATION OF
11 ADOPTION OF THE EDUCATION CONCEPT PLANS. DR.
12 SAMBRANO, I BELIEVE YOU'RE DOING THE PRESENTATION.

13 DR. SAMBRANO: I AM. AND SO I'M GOING TO
14 SHARE MY SCREEN ONCE AGAIN. ALL RIGHT.

15 SO WE ARE BRINGING TO YOU TODAY FOR
16 CONSIDERATION CONCEPT PROPOSALS FOR BRIDGES AND OUR
17 RESEARCH TRAINING PROGRAM. JUST AS BACKGROUND, WE
18 HAVE OFFERED FUNDING OPPORTUNITIES TO SUPPORT
19 TRAINING AND WORKFORCE DEVELOPMENT IN STEM
20 CELL-BASED RESEARCH THROUGH OUR EDUCATION PILLAR AND
21 A VARIETY OF PROGRAMS.

22 AND SO TODAY WE ARE PROPOSING THE RELAUNCH
23 OF TWO OF THEM, THE BRIDGES AND RESEARCH TRAINING
24 PROGRAMS. WE ALSO HAVE ANOTHER CALLED SPARK, AND
25 I'LL SHOW YOU IN THE DIAGRAM IN THE NEXT SLIDE, AND

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1 THAT A CONCEPT FOR THAT WE WILL BRING BACK TO YOU AT
2 A LATER DATE.

3 ALSO, JUST I WANT TO NOTE THAT THE CIRM
4 BOARD AT ITS LAST MEETING REQUESTED THAT A PROPOSAL
5 FOR A POSSIBLE SUPPLEMENT TO THE CURRENT BRIDGES
6 TRAINING PROGRAM BE CONSIDERED. AND SO WE ARE DOING
7 SOME REFINEMENTS AND ADJUSTMENTS TO THAT, AND WE'RE
8 GOING TO BRING THAT PROPOSAL TO THE MARCH ICOC
9 MEETING.

10 SO THIS SLIDE IS JUST TO GIVE YOU A FLAVOR
11 OF WHAT WE HAVE DONE IN THE PAST WITH OUR TRAINING
12 PROGRAMS STARTING VERY EARLY. AS I THINK SOMEBODY
13 HAD MENTIONED PREVIOUSLY, WE STARTED CIRM FUNDING
14 OPPORTUNITIES WITH TRAINING ACTUALLY BACK IN 2005,
15 2006, WHICH WAS THE RESEARCH TRAINING PROGRAM. BUT
16 ACROSS THE BOARD, WE HAVE SUPPORTED OVER 2700
17 TRAINEES ACROSS ALL OUR DIFFERENT PROGRAMS, AND WE
18 HAVE SUPPORTED TRAINEES FROM HIGH SCHOOL, UNDERGRAD,
19 MASTER'S, THROUGH CLINICAL FELLOWS IN THE PAST.

20 SO LET ME FOCUS IN ON THE BRIDGES PROGRAM
21 SPECIFICALLY AND ON THE CONCEPT THAT WE ARE
22 PROPOSING HERE. THE OBJECTIVE OF THIS PROGRAM IS TO
23 ENABLE TRAINING THAT IS GOING TO SIGNIFICANTLY
24 ENHANCE THE TECHNICAL SKILLS, KNOWLEDGE, AND
25 EXPERIENCE OF A DIVERSE COHORT OF UNDERGRADUATES AND

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1 MASTER'S LEVEL STUDENTS, PARTICULARLY FROM
2 CALIFORNIA STATE UNIVERSITIES AND COMMUNITY
3 COLLEGES. SO IT IS A FOCUSED PROGRAM.

4 IT IS INTENDED TO FOSTER COMMITMENT AMONG
5 THE TRAINEES TO THE GOAL OF ACCELERATING THE
6 DELIVERY OF STEM-CELL BASED AND GENE THERAPY
7 TREATMENTS TO PATIENTS WITH UNMET NEEDS. ALSO TO
8 BROADEN PARTICIPATION IN REGENERATIVE MEDICINE OF
9 INDIVIDUALS REPRESENTING THE DIVERSITY OF
10 CALIFORNIA'S POPULATION.

11 IN ADDITION, WE WANT TO CREATE A CADRE OF
12 TECHNICALLY SKILLED STEM CELL AMBASSADORS WITH AN
13 AWARENESS AND APPROACH OF INEQUITIES THAT IMPACT
14 DEVELOPMENT OF THERAPIES FOR ALL PEOPLE. TO PROMOTE
15 TRAINEES' EFFICIENT TRANSITION INTO CAREERS IN THE
16 LIFE SCIENCES AND REGENERATIVE MEDICINE BY DIRECTLY
17 LINKING THE EDUCATIONAL PROGRAMS AT THEIR OWN
18 INSTITUTION TO ORGANIZATIONS AND COMPANIES THAT ARE
19 FOCUSED ON STEM CELL AND GENE THERAPY RESEARCH AND
20 RELATED DISCIPLINES. THAT IS, WE ARE TRYING TO
21 CREATE OPPORTUNITIES OR A BRIDGE FOR THESE STUDENTS
22 THAT MAY NOT OTHERWISE HAVE ACCESS TO CUTTING-EDGE
23 RESEARCH AND FACILITIES AT THEIR OWN INSTITUTIONS
24 FOR STEM CELL AND GENE THERAPY RESEARCH.

25 SO THE WAY THE BRIDGES TRAINING PROGRAM

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1 WORKS IS THERE IS THE AWARDEE OR THE HOME
2 INSTITUTION, AS WE CALL IT, WHICH IS RESPONSIBLE FOR
3 THE MANAGEMENT AND COORDINATION OF THE ACTIVITIES AS
4 WELL AS THE RECRUITMENT OF THE TRAINEES. AND SO THE
5 TRAINEES THAT ARE RECRUITED NEED TO BE INTEGRATED
6 INTO A DEGREE OR CERTIFICATE PROGRAM AT THEIR
7 INSTITUTION. AND THEN THE RESEARCH INTERNSHIPS,
8 WHICH USUALLY TAKE PLACE FOR ABOUT A YEAR, TAKE
9 PLACE AT A PARTNER OR HOST INSTITUTION. AND THOSE
10 ARE EITHER OF A BIOTECH OR PHARMACEUTICAL COMPANY, A
11 RESEARCH UNIVERSITY OR INSTITUTION WHERE
12 CUTTING-EDGE RESEARCH IN STEM CELL OR GENE THERAPY
13 IS OCCURRING.

14 THE PROGRAM ALSO REQUIRES EDUCATIONAL
15 ENHANCEMENT ACTIVITIES TO PREPARE THE STUDENTS FOR
16 THE INTERNSHIPS, INCLUDING AN ADVANCED CELL CULTURE
17 TECHNIQUES COURSE, PATIENT OR PATIENT ADVOCATE AND
18 HEALTHCARE ENGAGEMENT ACTIVITIES, TO ENGAGE TRAINEES
19 WITH PATIENTS OR PATIENT ADVOCATES AND PROVIDE
20 INSIGHTS INTO THE CHALLENGES OF DEVELOPING NEW CELL
21 THERAPIES AND DRUGS.

22 IN ADDITION, THERE ARE COMMUNITY OUTREACH
23 ACTIVITIES THAT ARE PART OF THE PROGRAM TO EDUCATE
24 OTHERS. SO THIS IS WHERE THE TRAINEES THEMSELVES DO
25 OUTREACH INTO THEIR COMMUNITY TO EDUCATE ABOUT STEM

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1 CELL AND GENE THERAPY, BUT ALSO TO GAIN AWARENESS OF
2 THE SOCIOECONOMIC ISSUES AND DISPARITIES THAT EXIST.

3 THE TRAINEES ALSO RECEIVE ADVICE AND
4 CAREER DEVELOPMENT GUIDANCE TO ENSURE THAT THEY MOVE
5 ON TO EITHER A TECHNICAL CAREER IN STEM CELL
6 RESEARCH OR ADVANCE TO HIGHER EDUCATION, GOING TO
7 GRAD SCHOOL OR SOMETHING LIKE THAT.

8 THERE ARE SOME AWARD PRIORITIES THAT WE
9 WANT TO HIGHLIGHT. AS PART OF THE REQUIREMENT UNDER
10 PROP 14, WE WILL PRIORITIZE APPLICATIONS UNDER THIS
11 PROGRAM THAT OFFER MATCHING FUNDS OR VERIFIED
12 IN-KIND SUPPORT, AS WELL AS APPLICATIONS THAT ARE
13 GOING TO ENHANCE THE GEOGRAPHIC DISTRIBUTION OF
14 TRAINING AND SOCIOECONOMIC DIVERSITY.

15 SO THE PROPOSED BUDGET ALLOCATION FOR THE
16 BRIDGES PROGRAM IS AS FOLLOWS. WE WOULD REQUEST AN
17 ALLOCATION OF 65 MILLION THAT WOULD SUPPORT ABOUT 18
18 AWARDS, AND EACH AWARD WOULD HAVE A FIVE-YEAR
19 DURATION. AND IT WOULD BE APPROXIMATELY 3.6 MILLION
20 PER AWARD IN ORDER TO SUPPORT TEN TRAINEES PER YEAR
21 AT THAT INSTITUTION.

22 AND SO THE AWARD ITSELF SUPPORTS TRAINEE
23 STIPENDS, TUITION AND FEES, RESEARCH SUPPLIES,
24 COURSEWORK, AND PROGRAM ADMINISTRATION. SO THAT'S A
25 SUMMARY OF THE BRIDGES PROGRAM. AND SO FOR THAT WE

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1 ARE REQUESTING BOARD APPROVAL OF THE BRIDGES
2 TRAINING PROGRAM CONCEPT WITH AN ALLOCATION OF 65
3 MILLION.

4 CHAIRMAN THOMAS: THANK YOU, DR. SAMBRANO.
5 DO WE HAVE A MOTION TO THAT EFFECT?

6 MR. TORRES: MOVE IT.

7 CHAIRMAN THOMAS: MOVED BY SENATOR TORRES.
8 IS THERE A SECOND?

9 DR. HIGGINS: SECOND.

10 CHAIRMAN THOMAS: SECONDED BY DR. HIGGINS.
11 ARE THERE COMMENTS BY MEMBERS OF THE BOARD? WE'LL
12 START WITH SENATOR TORRES WHO I KNOW WILL WANT TO
13 COMMENT.

14 MR. TORRES: THIS IS PROBABLY THE MOST
15 VALUABLE PROGRAM WE PROVIDE FOR THE FUTURE OF THE
16 STATE OF CALIFORNIA. AND WHETHER IT IS THE GOVERNOR
17 OR WHETHER IT'S MEMBERS OF THE LEGISLATURE, THERE'S
18 ALWAYS COMMENTARY ABOUT THIS PROGRAM WHEN I RAISE IT
19 WITH THEM BECAUSE THEY KNOW HOW IMPORTANT IT IS TO
20 TRAIN FUTURE SCIENTISTS WITHIN OUR INSTITUTIONS.
21 AND CLEARLY AS MEMBER OF THE BOARD OF REGENTS OF UC,
22 THEY ALSO RECOGNIZE WHAT WE'VE BEEN DOING HERE IN
23 TERMS OF WORKING WITH US AND ALSO IN SOME CASES, AS
24 I KNOW MARIA AND THE CHANCELLOR AT UC SANTA CRUZ
25 KNOW, IS TO IMPLEMENT FURTHER PROGRAMS AT PH.D.

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1 PROGRAMS THAT WE CAN WORK IN PARTNERSHIP WITH THE
2 UNIVERSITY OF CALIFORNIA AND CIRM.

3 WHAT'S ALSO IMPORTANT IS THAT MANY OF
4 THESE GRADUATES FROM THESE BRIDGES PROGRAMS FIND
5 THEMSELVES JOBS AFTER THEY'VE FINISHED WITH THEIR
6 INTERNSHIP OR THEIR GRADUATION, AND MANY OF THEM, I
7 THINK, GIL, AT SOME POINT YOU MIGHT SEND OUT,
8 ESPECIALLY TO THE NEW MEMBERS, A HISTORY OF ALL
9 BRIDGES PEOPLE AND WHERE THEY'RE PRESENTLY LOCATED.
10 SOME OF THEM ARE RUNNING LABS, SOME OF THEM ARE
11 ASSISTANTS IN LABS. WHAT'S IMPORTANT IS THAT THESE
12 YOUNG PEOPLE HAVE FOUND POSITIONS WITHIN THE STEM
13 CELL SCIENCE FIELD, NOT ONLY IN CALIFORNIA, BUT
14 ACROSS THE NATION. AND WE REALLY ARE PROVIDING A
15 VERY IMPORTANT ROLE HERE.

16 SECONDLY, AND SOMETHING I KNOW YSABEL IS
17 VERY COMMITTED TO, THE DIVERSITY OF BRIDGES PROGRAMS
18 AND THE SPARKS PROGRAM, WHICH I HELPED START 12
19 YEARS AGO, IS ALSO REACHING OUT TO A DIVERSE
20 COMMUNITY OF YOUNG PEOPLE WHO AREN'T NECESSARILY
21 GIVEN OPPORTUNITIES TO WORK WITH STEM CELL LABS.
22 AND HERE WE REACH OUT TO STATE UNIVERSITY STUDENTS
23 WHERE DIVERSITY IS MUCH MORE ROBUST THAN IT IS
24 WITHIN THE UC SYSTEM TO PROVIDE THEM AN OPPORTUNITY
25 TO EXCEL AND CLEARLY TO BE SUPPORTED BY MENTORS.

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1 AND THE PEOPLE THAT ARE RUNNING THESE
2 PROGRAMS AT THE VARIOUS INSTITUTIONS, WHETHER IT'S
3 CARMEN DOMINGO AT SAN FRANCISCO STATE OR OTHERS,
4 THEY TAKE A REAL PERSONAL INTEREST IN THE STUDENTS
5 AND REALIZE HOW IMPORTANT IT IS. AND MANY TIMES THE
6 STIPENDS MAY BE VERY SMALL, BUT IT HAS KEPT THEM IN
7 SCHOOL BECAUSE THEY COULDN'T AFFORD TO HAVE STAYED
8 OTHERWISE WITHOUT IT.

9 SO WE ARE REALLY PROVIDING A TREMENDOUS
10 SERVICE, AND I KNOW THESE YOUNG PEOPLE, ANY OF YOU
11 WHO CAN IN THE FUTURE ATTEND A BRIDGES PRESENTATION
12 PROGRAM OR A SPARKS PRESENTATION PROGRAM WILL COME
13 AWAY TOTALLY IMPRESSED WITH HOW INCREDIBLY BRIGHT
14 THESE YOUNG PEOPLE ARE AND WHAT A RESOURCE WE'RE
15 HELPING TO DEVELOP FOR THE STATE OF CALIFORNIA.

16 CHAIRMAN THOMAS: THANK YOU, SENATOR
17 TORRES. I WANT TO ECHO ALL OF THOSE STATEMENTS. I
18 INVITE MEMBERS OF THE BOARD, AT THE END OF THE YEAR,
19 THERE'S ALWAYS A CONFERENCE OF EITHER THE BRIDGES OR
20 THE SPARKS STUDENTS WHERE THEY MAKE PRESENTATIONS ON
21 THEIR WORK. AND IT IS ALWAYS STRIKING HOW COMPETENT
22 AND WONDERFULLY ENGAGED ALL OF THESE STUDENTS ARE.
23 AND IT'S, I THINK, A REAL CREDIT TO THEM AND TO THE
24 PROGRAM DIRECTORS WHO RUN THESE PROGRAMS. THESE ARE
25 ABSOLUTE WINNERS ALTHOUGH WE'RE NOT GETTING TO SPARK

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1 AT THE MOMENT, BUT WITH RESPECT TO ALL OF THESE. SO
2 I JUST WANT TO REITERATE.

3 DR. BRASHEAR, I BELIEVE YOU HAVE A
4 COMMENT.

5 DR. BRASHEAR: AS BEING A RELATIVELY NEW
6 MEMBER OF THE BOARD, I WAS SO PLEASED TO SEE THIS
7 DEVELOPING PATHWAY PROGRAMS FOR THE NEXT GENERATION
8 THAT ARE GOING TO BE DOING INVESTIGATION. I'M
9 PLEASED THAT I HAVE TWO OTHER UC DEANS ON THE SCREEN
10 WITH ME. AND THIS IS ONE OF THE THINGS WE'RE ALL
11 COMMITTED TO, TO DEVELOPING FUTURE PEOPLE WHO ARE IN
12 THIS FIELD AND THEN HAVING FUTURE ROLE MODELS SO
13 THAT WE HAVE CONTINUAL RENEWAL. I WAS REALLY
14 PLEASED.

15 CHAIRMAN THOMAS: THANK YOU. DR. DULIEGE.

16 DR. DULIEGE: YES. I COULDN'T MORE AGREE
17 WITH EVERYTHING THAT WAS SAID BEFORE, BUT I HAVE A
18 FEW QUESTIONS OR COMMENTS.

19 FIRST, ONE IS WAS IT POSSIBLE OR WOULD IT
20 STILL BE POSSIBLE TO UNDERSTAND WHAT WAS THE YIELD
21 OF THE PREVIOUS PROGRAM? I HEARD YOU MENTION THAT
22 THERE WERE MORE THAN 2,000 GRANTEES, WHICH IS
23 PHENOMENAL, BUT HAVE WE CAPTURED ACTUALLY HOW MANY
24 OF THEM CONTINUED IN BIOTECH, HOW MANY OF THEM --
25 WHAT WAS THE YIELD? I KNOW IT'S DIFFICULT TO

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1 COLLECT, BUT I'D BE INTERESTED.

2 MY SECOND QUESTION IS WHAT ARE THE KEY
3 DIFFERENCES BETWEEN WHAT IS PROPOSED VERSUS WHAT WAS
4 DONE? ARE WE DOING PRETTY MUCH THE SAME, THE SECOND
5 ACT OF WHAT WE DID, OR ARE THERE SUBSTANTIAL
6 DIFFERENCES OR IMPROVEMENTS?

7 AND MY LAST QUESTION IS WHAT IS THE
8 JUSTIFICATION AT A HIGH LEVEL, NO DETAILS, OF THE
9 \$65 MILLION? I'M A LITTLE SURPRISED BECAUSE, IF I
10 LOOK AT THE FACT THAT WE SUGGEST TO PROVIDE \$3.6
11 MILLION BY INSTITUTION OR TEAMS FOR UP TO TEN
12 TRAINEES FOR FIVE YEARS, THAT IS A HUGE AMOUNT. AND
13 SO I'D LOVE TO BETTER UNDERSTAND THE MATH HERE.
14 THANK YOU.

15 DR. SAMBRANO: OKAY. ABSOLUTELY. SO WITH
16 REGARD TO OUTCOMES, IT IS SOMETHING THAT, AS YOU
17 SAID, IS CHALLENGING BECAUSE ONCE THE STUDENTS
18 LEAVE, IT IS DIFFICULT TO TRACK EVERYONE DOWN. BUT
19 WE HAVE DONE SURVEYS OVER THE YEARS IN TERMS OF
20 WHERE THE TRAINEES HAVE GONE. AND CERTAINLY THE
21 VAST MAJORITY DO GO ON TO HAVING A POSITION OFTEN AT
22 THE LABS THAT THEY WERE INTERNING IN. SO, FOR
23 EXAMPLE, IF THEY INTERN AT A COMPANY LAB, VERY OFTEN
24 THEY WILL GET A JOB THERE. THERE ARE MANY WHO MOVE
25 ON TO EITHER GRADUATE SCHOOL OR MEDICAL SCHOOL TO

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1 CONTINUE THEIR EDUCATION, OFTEN BECAUSE THEY ARE
2 INSPIRED BY THE RESEARCH THAT THEY DO.

3 WE DO HAVE SOME NUMBERS THAT WE CAN
4 PROVIDE TO YOU. THEY WERE NOT PART OF THE SLIDE,
5 BUT WE CAN CERTAINLY CIRCULATE SOMETHING THAT
6 REFLECTS SOME OF THOSE OUTCOMES THAT WE HAVE
7 PRESENTED PREVIOUSLY AND THAT WE CAN CERTAINLY
8 PROVIDE TO YOU SO THAT YOU HAVE THAT AVAILABLE.

9 YOUR SECOND QUESTION WAS RELATED TO HOW
10 THIS PROGRAM IS DIFFERENT FROM THE PREVIOUS ONE THAT
11 WE HAVE DONE. IN BROAD STROKES, IT IS LARGELY THE
12 SAME PROGRAM WITH JUST SOME MINOR MODIFICATIONS TO
13 ADDRESS PROP 14 REQUIREMENTS. SO I'M JUST GOING TO
14 MOVE BACK. SOME OF THE REQUIREMENTS UNDER PROP 14
15 WERE, FOR EXAMPLE, THE MATCHING FUNDS AND IN-KIND
16 SUPPORT AS AN AREA OF PRIORITY THAT WOULD BE
17 ALLOWED. WE ARE CHANGING A COUPLE OF THINGS IN
18 TERMS OF THE ALLOWANCE, IT'S NOT NECESSARILY
19 REFLECTED IN THESE SLIDES AS I GO THROUGH THESE,
20 BUT, FOR EXAMPLE, SINCE THE SCOPE OF RESEARCH FOR
21 CIRM HAS BROADENED TO INCLUDE, FOR EXAMPLE, GENE
22 THERAPY, THAT HAS BECOME SOMETHING THAT IS ALLOWABLE
23 AS AN ACTIVITY FOR THE TRAINEE. SO BEYOND STEM CELL
24 RESEARCH, THEY CAN DO THAT AS WELL.

25 WE HAVE ALSO CREATED A LITTLE MORE

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1 FLEXIBILITY IN THE ADVANCED CELL CULTURE TECHNIQUES
2 COURSE WHERE, FOR EXAMPLE, IN THE PAST IT WAS A
3 HUMAN EMBRYONIC STEM CELL CULTURE TECHNIQUES COURSE.
4 WE'VE CREATED FLEXIBILITY TO ALLOW FOR LEARNING
5 ABOUT CELL CULTURE MORE GENERALLY, BUT THAT IT BE
6 FOCUSED ON THE CULTURE OF THERAPEUTIC CELLS AND TO
7 ALLOW MORE FLEXIBILITY IN THAT AREA.

8 SO GENERALLY THAT'S WHERE THE CHANGES FROM
9 THE PREVIOUS PROGRAM EXIST.

10 DR. MILLAN: IF I MAY, JUST TO SUPPLEMENT
11 WHAT YOU SAID ABOUT OUTCOMES. THERE ARE ALMOST
12 2,000 TRAINEES IN THE BRIDGES PROGRAMS. FIFTY-ONE
13 PERCENT WERE FIRST-GENERATION COLLEGE STUDENTS.
14 THIS INVOLVES 60 HOST INSTITUTIONS WHERE 67 PERCENT
15 WERE ACADEMIC AND NONPROFIT AND 33 PERCENT WERE
16 BIOTECH. IN TERMS OF LONG-RANGE OUTCOMES, OVER 60
17 PERCENT OF THEM WERE ABLE TO GAIN PLACEMENT IN R&D
18 POSITIONS, 67 PERCENT IN ACADEMIC NONPROFITS, AND 33
19 PERCENT IN BIOTECH/PHARMA, 35 PERCENT WENT ON TO
20 PH.D. PROFESSIONAL, MED SCHOOL, OR OTHER GRADUATE
21 PROGRAMS.

22 THIS HAS ALL BEEN PRESENTED BY DR. KELLY
23 SHEPARD, WHO'S DONE A WONDERFUL JOB BEING THE
24 PROGRAM OFFICER FOR THIS. DURING THEIR INTERNSHIP,
25 THEY'VE CONTRIBUTED TO OVER 274 PUBLICATIONS THAT WE

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1 CAN TRACK, AND THAT'S DURING THEIR INTERNSHIP TIME.
2 SO THE OUTCOMES WERE SO GOOD, AND WE HAD THE TEAM
3 SCOUR AND MAKE SURE, I HAD THEM PRESSURE TEST TO
4 SAY, OKAY, IF WE'RE GOING TO BRING THIS CONCEPT
5 FORWARD, WAS IT WORKING? AND SO THE REASON WHY
6 THERE WERE REFINEMENTS IN TERMS OF JUST MAKING SURE
7 WE UPDATED REGARDING THE OPPORTUNITY TO EXPOSURE
8 GIVEN THE PROGRESS IN THE FIELD, AND WE'LL SET THE
9 STAGE FOR SPECIALTY TYPE EXPOSURE TO THINGS LIKE
10 DATA SCIENCE AND MANUFACTURING OPPORTUNITIES EVEN
11 MORE IN THE FUTURE.

12 BUT WE DID THINK THAT THE BASIC PROGRAM
13 WAS VERY, VERY SOLID. SO I JUST WANTED TO KIND OF
14 PIPE IN BECAUSE I WANTED -- THESE RESULTS HAD ALL
15 BEEN PRESENTED TO THE BOARD; BUT IN THE CONTEXT OF
16 THIS DISCUSSION, I WANTED TO MAKE SURE TO REMIND
17 EVERYBODY OF THE OUTCOME. THANK YOU.

18 DR. SAMBRANO: ABSOLUTELY. JUST TO
19 ADDRESS THE QUESTION OF THE 65 MILLION. SO WHAT
20 WE'RE OUTLINING HERE, SO IN THE PAST WE HAVE HAD UP
21 TO 16 PROGRAMS, AND WE CURRENTLY HAVE 14 AWARDS FOR
22 BRIDGES. AND SO THE AMOUNT IS FOR OBVIOUSLY
23 FIVE-YEAR AWARDS. IN THE PAST WE HAVE HAD THEM BE
24 THREE-YEAR AWARDS. AND SO THAT CERTAINLY HAS ADDED
25 TO THE COST. WE MADE SOME ADJUSTMENTS TO UPDATE THE

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1 STIPEND AMOUNTS AND RESEARCH SUPPLIES, WHICH WE
2 INCREASED BY A SMALL PERCENTAGE. IT WAS NOT HUGE.
3 SO GENERALLY THE PROGRAM ITSELF IS LARGELY STILL
4 PAYING PRETTY SIMILAR AMOUNTS TO WHAT WAS DONE IN
5 THE PAST.

6 AND SO I THINK THE 65 MILLION IN PART IS A
7 REFLECTION OF THE UP TO 18 AWARDS THAT WE ARE
8 TARGETING OR AT LEAST THAT WE WANT TO ALLOW FOR IN
9 THE LONGER DURATION OF THESE AWARDS GOING FROM THREE
10 YEARS TO FIVE YEARS.

11 MR. TORRES: I THINK IT'S IMPORTANT,
12 MARIA, AS YOU OUTLINE BECAUSE SOMETIMES BOARD
13 MEMBERS ARE, I SPEAK FOR MYSELF, ARE SO BUSY WE
14 DON'T ALWAYS READ EVERYTHING, BUT IT'S GOOD TO BE
15 REMINDED OF THE SUCCESS RATES OF THESE PROGRAMS. I
16 THINK IF WE CAN JUST SEND OUT A QUICK EMAIL TO ALL
17 THE BOARD, ESPECIALLY THE NEW MEMBERS, AND LET THEM
18 KNOW HOW SUCCESSFUL THIS PROGRAM HAS BEEN AND THE
19 RETURN ON OUR ALLOCATIONS. I THINK IT'S EXTREMELY
20 IMPORTANT BECAUSE WHEN I REPORT TO THE LEGISLATURE,
21 I TRY TO DO THAT AS OFTEN AS I CAN BECAUSE SOMETIMES
22 THEY DON'T ALWAYS READ THE MATERIAL THAT WE SEND
23 THEM INITIALLY, BUT WE HAVE TO REPEAT IT SO THAT
24 PEOPLE GET THE MESSAGE OF WHAT THESE YOUNG PEOPLE
25 ARE EXPERIENCING. THANK YOU.

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1 DR. DULIEGE: THANK YOU, GIL. I KNOW
2 YSABEL WANTS TO CAPTURE, BUT I JUST WANTED TO
3 RESPOND TO YOUR COMMENT. AND I APPRECIATE, AGREE
4 WITH EVERYTHING, GLAD TO BE REMINDED ABOUT THE
5 SUCCESS OF THE PREVIOUS PROGRAM, AND I THINK THIS
6 SHOULD BE TOUTED POSSIBLY EVEN MORE.

7 I'M SLIGHTLY UNCOMFORTABLE WITH THE DOLLAR
8 AMOUNT HERE, AND THERE MAY BE A MATH THAT I'M NOT
9 DOING RIGHT. AGAIN, I DON'T WANT TO GET INTO THE
10 DETAILS OF HOW MUCH. I BELIEVE THAT INCREASING THE
11 STIPEND WHEN THE COST OF LIFE IS INCREASING IN
12 CALIFORNIA IS GREAT. BUT IF I UNDERSTAND CORRECTLY,
13 \$6.3 MILLION PER, LET'S SAY, INSTITUTION FOR UP TEN
14 TRAINEES FOR UP TO FIVE YEARS, THAT'S WHAT I CALL 50
15 TRAINEES' YEARS. AND IF I DIVIDE SIMPLY 3.6 BY 50,
16 AND IF I'M CORRECT, THAT'S \$72,000 PER TRAINEE PER
17 YEAR.

18 DR. SAMBRANO: THAT'S RIGHT.

19 DR. DULIEGE: HAVING A ROUGH IDEA OF WHAT
20 A STIPEND MIGHT BE FOR A YOUNG PERSON IN THEIR
21 TWENTIES USUALLY, I FIND IT HARD TO JUSTIFY JUST AT
22 THIS LEVEL, BUT MAYBE I'M MISSING A BIG PICTURE
23 PERSPECTIVE HERE.

24 DR. SAMBRANO: I THINK THAT YOUR
25 CALCULATIONS ARE CORRECT. IT IS AN INVESTMENT WHERE

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1 WE ARE HAVING THE TRAINEES THAT ARE AT THE
2 INSTITUTIONS GO SPEND A YEAR AT A DIFFERENT
3 INSTITUTION. SO PART OF WHAT THE STIPEND COVERS,
4 WHICH IS BASICALLY ABOUT 36,000 PER YEAR, IS TO MAKE
5 SURE THAT THE TRAINEE CAN LIVE IN THE NEW AREA; SO,
6 FOR EXAMPLE, SOMEBODY FROM HUMBOLDT SPENDING A YEAR
7 AT UCSF. SO A LOT OF IT IS PROVIDING THAT STIPEND
8 FOR LIVING ALLOWANCE AS WELL AS PROVIDING
9 SUPPLEMENTAL RESEARCH FUNDS SO THAT THEY CAN --

10 DR. DULIEGE: GIL, I'M SO SORRY TO
11 INTERRUPT YOU, BUT I'M FEARFUL. I'M SORRY. I
12 COMPLETELY UNDERSTAND COST OF LIFE. BELIEVE ME, I'M
13 DEALING WITH THAT WITH PEOPLE EARLY IN THEIR LIFE.

14 I DON'T GET THE MATH. FOR ME, \$3.6
15 MILLION FOR INSTITUTIONS IS \$72,000 ALLOCATED TO
16 THIS INSTITUTION AND THE GRANTEE TO COVER EVERYTHING
17 THAT COSTS FOR ABOUT A YEAR. I'D LIKE TO CHALLENGE
18 THAT. SO, AGAIN, I APPLAUD THE PROGRAM. I'D LIKE
19 IT TO BE LARGER. I THINK FOR US TO BLESS A PROGRAM
20 AT THAT HIGH LEVEL TELLS US THAT IT COSTS \$72,000,
21 EVERYTHING INCLUDED, TO TRAIN ONE PERSON AT AN
22 INSTITUTION FOR A YEAR --

23 DR. MILLAN: MAY I PIPE IN, DR. DULIEGE?
24 GIL, THAT AMOUNT THAT WE ARE TALKING ABOUT, THAT'S
25 ALL-IN COST. THAT INCLUDES THE FACULTY THAT WOULD

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1 BE INVOLVED, PROGRAM DEVELOPMENT, AND EVERYTHING,
2 CORRECT, MATERIALS?

3 DR. SAMBRANO: YES.

4 DR. MILLAN: SO PART OF IT, DR. DULIEGE,
5 IT'S NOT A PER STUDENT COST PER SE. IT'S JUST THAT
6 IT'S THE INFRASTRUCTURE, THE SYSTEMS, THE CURRICULA
7 DEVELOPMENT, AND THE SUPPORT OF STAFF THAT WOULD BE
8 BUILT IN TO SUPPORTING THESE STUDENTS. AND MAYBE,
9 GIL, I DON'T KNOW IF YOU HAVE THE NUMBERS ON HAND,
10 BUT WE CAN GIVE AN IDEA OF WHAT THE ACTUAL STIPEND
11 IS.

12 DR. DULIEGE: MARIA, I'M SO SORRY. I KNOW
13 WE NEED TO MOVE ON AS WELL. I REALLY DON'T WANT TO
14 GET THE DETAILS OF WHAT THE STIPEND. I TOTALLY
15 TRUST THE CIRM TO DO THE RIGHT THING AND THEY KNOW
16 ALL THAT.

17 I STILL WOULD CHALLENGE THE FACT THAT,
18 EVEN IF THERE'S NO PERSON ALLOCATED TO THESE TEN
19 STUDENTS, THERE'S GOING TO BE A LITTLE BIT OF THEIR
20 TIME ON THEIR SALARIES OTHERWISE. AND AT A HIGH
21 LEVEL, I THINK IT'S A LOT. I DON'T KNOW NECESSARILY
22 SPENDING THAT -- THAT SOUNDS TOO GENEROUS TO ME.
23 HOW CAN I SAY IT? ALSO, I'M NOT SURE THAT THERE
24 SHOULD BE THE SAME STIPEND FOR BIOTECH COMPANIES
25 THAT HAVE THEIR OWN REVENUES VERSUS AN INSTITUTION.

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1 BUT I DON'T WANT TO GET INTO THE DETAILS. I'M
2 SEEING AT A HIGH LEVEL, AND I'M CURIOUS TO KNOW IF
3 I'M THE ONLY ONE OF THE BOARD TO REACT TO, AGAIN,
4 BIG PICTURE.

5 DR. MILLAN: DR. DULIEGE, JUST TO CONFIRM,
6 IT'S 50 STUDENTS PER INSTITUTION BECAUSE IT'S TEN
7 PER YEAR FOR FIVE YEARS.

8 DR. DULIEGE: \$3.6 MILLION DIVIDED BY 50
9 IS \$72,000. THAT'S TOTAL COST, EVERYTHING
10 INCLUDING, COST OF THEIR SUPERVISOR'S TIME ON THEIR
11 DESK, THE PIPETTES, THE STIPENDS, EVERYTHING FOR
12 EIGHT YEARS.

13 DR. VUORI: I ASSUME, SINCE THIS IS A
14 GRANT FUNDING MECHANISM, THAT TOTAL COST ALSO
15 CONCLUDES OVERHEAD COST. THAT'S ANYWHERE FROM 50 TO
16 75 PERCENT DEPENDING ON THE ORGANIZATION IN
17 CALIFORNIA.

18 DR. SAMBRANO: IT'S ONLY 10 PERCENT IN
19 THIS CASE. SO FOR TRAINING PROGRAMS, WE LIMIT IT TO
20 10 PERCENT. MOST OF THE COSTS GO TO, AS INDICATED,
21 THE STIPENDS, THE COURSEWORK, THE PROGRAM
22 ADMINISTRATION, WHICH MEANS HIRING EMPLOYEES AS WELL
23 AS HAVING THE PROGRAM DIRECTOR, TUITION AND FEES,
24 AND THEN WE PROVIDE AN AMOUNT FOR RESEARCH SUPPLIES.
25 SO ALL THAT ADDING UP TO 72,000 PER TRAINEE IS ABOUT

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1 WHAT IT COMES DOWN TO.

2 DR. DEAS: I WOULD LIKE TO GIVE AN
3 ALTERNATE OPINION. I REALLY THINK THAT THE COST IS
4 FINE. AND AS ONE WHO WORKS WITH PROGRAMS FOR
5 STUDENTS ON A DAILY BASIS, THESE STUDENTS HAVE
6 ALWAYS -- WELL, IT SEEMS TO BE SUCH THAT THE GENERAL
7 PUBLIC DOESN'T UNDERSTAND HOW MUCH GOES INTO IT IN
8 TERMS OF THE TIME AND IN TERMS OF ADMINISTRATION AND
9 STAFFING. AND I KNOW HOW IT MEETS THE EYE, IT LOOKS
10 LIKE A LARGE NUMBER OR A SIGNIFICANT AMOUNT.
11 HOWEVER, WHEN YOU THINK STAFFING THAT HAS TO BE
12 DIRECTED TO THIS PROGRAM FOR THE STUDENTS AS WELL AS
13 FOLLOWING THOSE STUDENTS THROUGHOUT THE YEAR OF THE
14 PROGRAM, IT'S NOT A SIGNIFICANTLY HIGH COST.

15 AND I KNOW SOMETIMES WE MAY COMPARE THIS
16 TO WHAT A GRADUATE STUDENT MAY GET OR WHAT A
17 POST-DOC MAY GET, BUT IT'S OFFERING SIGNIFICANTLY
18 MORE. AND PEOPLE'S EFFORT HAS TO BE DESIGNATED, AND
19 YOU CAN'T JUST PUT A LITTLE OF THIS PERSON, A LITTLE
20 OF THAT PERSON. THEY REALLY DO NEED TO HAVE
21 SUFFICIENT STAFF TO OPERATE THE PROGRAM. SO I WOULD
22 SAY THAT I DON'T SEE THAT THE DOLLAR AMOUNT IS OUT
23 OF LINE.

24 DR. MARTIN: I ACTUALLY THINK IT'S OUT OF
25 LINE BECAUSE IT'S NOT ADEQUATE. I'D BE INTERESTED

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1 IN WHAT KEITH THINKS OF THAT, KEITH YAMAMOTO.

2 DR. DEAS: YES. I WOULD TOO.

3 DR. MARTIN: ARE THEY PROVIDED HEALTH
4 INSURANCE AT ALL THROUGH THIS, OR IS THAT JUST
5 VERBOTEN? WHAT ARE THE BENEFITS THAT THEY GET AS A
6 TRAINEE? 72,000 IS NOT MUCH WHEN YOU INCLUDE
7 EVERYTHING ON THAT LINE, TUITION, FEES, RESEARCH
8 SUPPLIES, ET CETERA.

9 CHAIRMAN THOMAS: DR. MARTIN, EXCELLENT
10 QUESTION. LET'S JUST TABLE THAT. WE'VE GOT A
11 NUMBER OF HANDS RAISED HERE I WANTED TO GET TO, AND
12 WE'LL CIRCLE BACK TO THAT IN A SECOND. MR.
13 JUELSGAARD, I BELIEVE YOU WERE NEXT.

14 MR. JUELSGAARD: I LOWERED MY HAND, BUT I
15 THINK -- I SORT OF AGREE WITH WHAT ANNE-MARIE WAS
16 TALKING ABOUT. WHAT WOULD HAVE BEEN HELPFUL IS A
17 BUILD FROM THE BOTTOM TO COME TO WHAT THIS SUM IS.
18 HOW DID YOU GET THERE? WHAT WE ARE HAVING IS JUST
19 AN EXPLANATION RETROSPECTIVELY AS OPPOSED TO A SLIDE
20 THAT SHOWS HERE'S THE PARTICULAR COSTS AND HERE'S
21 HOW THEY SUM UP TO THIS NUMBER. IT GIVES ONE A LOT
22 MORE CONFIDENCE THAT WE'VE GOT A NUMBER HERE AS
23 OPPOSED TO ONE THAT IS NOT AS CLEAR AS ONE WOULD
24 HAVE HOPED FOR IN SOMETHING LIKE THIS.

25 CHAIRMAN THOMAS: THANK YOU, MR.

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1 JUELSGAARD. DR. ABDULHAQ IS NEXT.

2 DR. ABDULHAQ: THANK YOU VERY MUCH. THIS
3 IS A VERY VALUABLE PROGRAM. AND MY QUESTION WAS IS
4 THERE A PROCESS IN PLACE TO MAKE SURE THAT TRAINEES
5 FROM UNDERSERVED OR LESS SERVED GEOGRAPHICAL AREAS,
6 LIKE THE VALLEY, HAVE EQUAL OPPORTUNITIES FOR THESE
7 GRANTS AND TRAINING OPPORTUNITIES?

8 CHAIRMAN THOMAS: DR. SAMBRANO.

9 DR. SAMBRANO: THE STRUCTURE OF THE
10 PROGRAM IS INTENDED TO REACH OUT TO INSTITUTIONS
11 LIKE THE CALIFORNIA STATE UNIVERSITIES AND COMMUNITY
12 COLLEGES TO RECRUIT, TO THE EXTENT THAT THEY CAN, A
13 DIVERSE COHORT OF TRAINEES. AND SO IN MANY CASES
14 THEY WILL PARTNER WITH OTHER UNIVERSITIES OR
15 INSTITUTIONS IN EITHER THE RELATIVELY REGIONAL AREA
16 TO TRY TO BRING IN AS DIVERSE A COHORT AS THEY CAN.
17 AND THAT'S PART OF ALSO THE ELEMENT THAT IS REVIEWED
18 BY THE GRANTS WORKING GROUP FOR APPLICATIONS THAT WE
19 RECEIVE WHO WOULD LIKE TO HAVE A BRIDGES PROGRAM.

20 DR. ABDULHAQ: THANK YOU.

21 CHAIRMAN THOMAS: SO WE HEARD DR. MARTIN'S
22 COMMENT. DR. YAMAMOTO, DO YOU CARE TO RESPOND?

23 MS. BONNEVILLE: J.T., LARRY HAS HIS HAND
24 UP BY THE WAY.

25 CHAIRMAN THOMAS: ALL RIGHT. THANK YOU.

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1 DID WE LOSE KEITH? IS HE ON THERE? MARIA, DO YOU
2 SEE HIM?

3 MS. BONNEVILLE: I DO NOT.

4 CHAIRMAN THOMAS: OKAY. DR. GOLDSTEIN.

5 DR. GOLDSTEIN: THANK YOU. I HAVE TWO
6 COMMENTS. ONE IS ON THE BUDGET. SO I PRESUME THAT
7 THESE ARE AVERAGE OR MAX COSTS THAT ARE ANTICIPATED
8 PER GRANT PER INSTITUTION. BUT IF THIS IS RUNNING
9 LIKE AN NIH TRAINING GRANT PROGRAM, THE INSTITUTION
10 SUBMITS A BUDGET THAT IS REVIEWED BY THE GRANTS
11 WORKING GROUP, I PRESUME, TO MAKE SURE THAT THE
12 BUDGET IS REASONABLE AND IN LINE WITH WHAT ACTUAL
13 COSTS ARE GOING TO BE IN THAT LOCALE.

14 SO I'M GUESSING THAT THE BUDGET ACTUALLY
15 DOES GET REVIEWED. IT'S NOT JUST A BLANKET
16 ALLOCATION TO AN INSTITUTION THAT APPLIES. AND I
17 HOPE GIL WILL CORRECT ME OR NOT ON THAT IN A FEW
18 MOMENTS.

19 SECOND IS JUST A SORT OF, I HOPE, HELPFUL
20 SUGGESTION. THERE IS AN INCREASING EMPHASIS ON DATA
21 SCIENCE, COMPUTATIONAL SCIENCE, AND ENGINEERING OF
22 DEVICES NEEDED IN STEM CELL BIOLOGY. AND I'M
23 WONDERING IF THERE'S SOME WAY TO AT LEAST ENCOURAGE
24 APPLICANTS AT INSTITUTIONS TO BE SURE THAT THEY'RE
25 ADVERTISING IN THOSE DEPARTMENTS BECAUSE THEY'RE

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1 OFTEN NOT HIT. I THINK USUALLY THE CATCH BASIN IS
2 BIOLOGY STUDENTS, NOT ENGINEERING, NOT DATA SCIENCE,
3 NOT COMPUTER SCIENCE, AND I THINK IT WOULD BE
4 IMPORTANT TO TRY TO ATTRACT THOSE STUDENTS AS WELL.

5 DR. SAMBRANO: YES. I CAN CONFIRM THAT
6 THE GWG DOES LOOK AT THE BUDGET AS WELL AS THE
7 NUMBER OF TRAINEES AND AS WELL AS THE DESIGN OF THE
8 PROGRAM IN ORDER TO SUPPORT THE NUMBER OF TRAINEES
9 THAT ARE INTENDED AND THE PARTNERSHIPS THEY HAVE
10 WITH THE HOST INSTITUTIONS IN ORDER TO ENSURE THAT
11 THE PROGRAM MAKES SENSE.

12 BUT THAT SAID, WE ALSO PROVIDE AMOUNTS
13 THAT ARE SORT OF MAXIMUM AMOUNTS THAT THEY CAN
14 REQUEST. SO THESE ARE, AS YOU SAY, MAXED OUT TO
15 SOME EXTENT; BUT, FOR EXAMPLE, THE RESEARCH SUPPLY
16 AMOUNT IS PRETTY STANDARD. WE PROVIDE AN AMOUNT
17 THAT WILL GO TO THE LAB THAT USUALLY DOESN'T VARY.
18 NEVERTHELESS, IT CAN BE SUBJECT TO GWG AS WELL AS
19 CIRM REVIEW IN TERMS OF ALLOWABILITY AND
20 APPROPRIATENESS.

21 CHAIRMAN THOMAS: THANK YOU. OTHER
22 COMMENTS BY MEMBERS OF THE BOARD?

23 SO, GIL, I'VE GOT A QUESTION. CAN YOU PUT
24 THAT BUDGET SLIDE BACK UP FOR A SECOND?

25 DR. SAMBRANO: SURE.

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1 CHAIRMAN THOMAS: SO I'M NOT SURE I'M
2 REMEMBERING THIS CORRECTLY, BUT WITH THE FIRST
3 GO-AROUND BACK IN THE DAY WITH THE BRIDGES PROGRAM,
4 DIDN'T WE HAVE DIFFERENT AMOUNTS FOR DIFFERENT HOST
5 INSTITUTIONS BASED ON THEIR SIZE AND ABILITY TO
6 HANDLE NUMBERS OF TRAINEES, ET CETERA? OR DO WE DO
7 IT PRO RATA LIKE THIS IS RECOMMENDED?

8 DR. SAMBRANO: SO WE DID IT THE SAME WAY.
9 WHAT YOU'RE TALKING ABOUT IS SOMETHING WE DID FOR
10 THE RESEARCH TRAINING PROGRAM, BUT FOR BRIDGES THE
11 ALLOWABLE MAXIMUM AMOUNT WAS THE SAME.

12 CHAIRMAN THOMAS: OKAY. THANK YOU.

13 ANY OTHER COMMENTS FROM MEMBERS OF THE
14 BOARD? COMMENTS FROM MEMBERS OF THE PUBLIC?

15 WE HAD A MOTION ON THIS? I DON'T THINK WE
16 HAVE YET. DO WE HAVE THE MOTION TO APPROVE?

17 MR. TORRES: I MADE THE MOTION EARLIER AND
18 THERE WAS A SECOND.

19 CHAIRMAN THOMAS: THANK YOU. MARIA, WILL
20 YOU PLEASE CALL THE ROLL.

21 MS. BONNEVILLE: HAIFAA ABDULHAQ.

22 DR. ABDULHAQ: YES.

23 MS. BONNEVILLE: DAN BERNAL.

24 MR. BERNAL: YES.

25 MS. BONNEVILLE: GEORGE BLUMENTHAL.

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1 DR. BLUMENTHAL: YES.
2 MS. BONNEVILLE: LINDA BOXER.
3 DR. BOXER: YES.
4 MS. BONNEVILLE: ALLISON BRASHEAR.
5 DR. BRASHEAR: YES.
6 MS. BONNEVILLE: DEBORAH DEAS.
7 DR. DEAS: YES.
8 MS. BONNEVILLE: ANNE-MARIE DULIEGE.
9 DR. DULIEGE: YES.
10 MS. BONNEVILLE: YSABEL DURON.
11 MS. DURON: YES.
12 MS. BONNEVILLE: ELENA FLOWERS.
13 DR. FLOWERS: YES.
14 MS. BONNEVILLE: JUDY GASSON.
15 DR. GASSON: YES.
16 MS. BONNEVILLE: LARRY GOLDSTEIN.
17 DR. GOLDSTEIN: YES.
18 MS. BONNEVILLE: DAVID HIGGINS.
19 DR. HIGGINS: YES.
20 MS. BONNEVILLE: STEPHEN JUELSGAARD.
21 MR. JUELSGAARD: YES.
22 MS. BONNEVILLE: LINDA MALKAS.
23 DR. MALKAS: YES.
24 MS. BONNEVILLE: DAVE MARTIN.
25 DR. MARTIN: YES.

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1 MS. BONNEVILLE: SHLOMO MELMED. LAUREN
2 MILLER-ROGEN.
3 MS. MILLER-ROGEN: YES.
4 MS. BONNEVILLE: ADRIANA PADILLA.
5 DR. PADILLA: YES.
6 MS. BONNEVILLE: FRANCISCO PRIETO.
7 DR. PRIETO: AYE.
8 MS. BONNEVILLE: ROBERT QUINT.
9 DR. QUINT: YES.
10 MS. BONNEVILLE: AL ROWLETT.
11 MR. ROWLETT: YES.
12 MS. BONNEVILLE: MICHAEL STAMOS.
13 DR. STAMOS: YES.
14 MS. BONNEVILLE: OS STEWARD.
15 DR. STEWARD: YES.
16 MS. BONNEVILLE: JONATHAN THOMAS.
17 CHAIRMAN THOMAS: YES.
18 MS. BONNEVILLE: ART TORRES.
19 MR. TORRES: AYE.
20 MS. BONNEVILLE: KRISTINA VUORI.
21 DR. VUORI: YES.
22 MS. BONNEVILLE: KEITH YAMAMOTO.
23 DR. YAMAMOTO: YES.
24 MS. BONNEVILLE: MOTION CARRIES.
25 CHAIRMAN THOMAS: THANK YOU, MARIA. WE'RE

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1 GOING TO CONTINUE ON THIS ITEM ON TO A DISCUSSION
2 FOR THE RESEARCH TRAINING PROGRAM. DR. SAMBRANO.

3 DR. SAMBRANO: THANK YOU, MR. CHAIRMAN.
4 SO THE RESEARCH TRAINING PROGRAM IS WHAT WE
5 INITIALLY LAUNCHED BACK IN 2006 AS OUR FIRST FUNDING
6 OPPORTUNITY. AND SO THIS IS A PROPOSED RETURN TO A
7 PROGRAM THAT IS ALMOST THE SAME OR LARGELY SIMILAR
8 IN ORDER TO SUPPORT PREDOCTORAL, POSTDOCTORAL, AND
9 CLINICAL LEVEL TRAINEES.

10 THE OBJECTIVES OVERALL ARE TO ENABLE
11 TRAINING TO CREATE FUTURE LEADERS IN STEM CELL AND
12 GENE THERAPY AND REGENERATIVE MEDICINE FIELDS, TO
13 FOSTER A COMMITMENT AMONG THE TRAINEES TO A GOAL OF
14 ACCELERATING THE DELIVERY OF TREATMENTS TO PATIENTS
15 WITH UNMET NEEDS, TO BROADEN THE PARTICIPATION IN
16 REGENERATIVE MEDICINE OF INDIVIDUALS REPRESENTING
17 THE DIVERSITY OF CALIFORNIA'S POPULATION, TO PROVIDE
18 RESEARCH TRAINING IN STEM CELL GENE THERAPY AND
19 RELATED DISCIPLINES TO A DIVERSE CADRE OF
20 INDIVIDUALS DRAWN FROM A WIDE VARIETY OF SCIENTIFIC
21 BACKGROUNDS, ALSO TO PROMOTE INTERACTION AMONG
22 TRAINEES FROM DIFFERENT FIELDS, ESPECIALLY THOSE
23 THAT ARE TRAINED IN THE BASIC SCIENCES, ENGINEERING,
24 TRANSLATIONAL RESEARCH, AND CLINICAL MEDICINE, AND
25 ALSO TO PREPARE A WORKFORCE OF SKILLED STEM CELL

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1 AMBASSADORS WITH AN AWARENESS AND APPRECIATION OF
2 THE INEQUITIES THAT IMPACT DEVELOPMENT OF THERAPIES
3 FOR ALL PEOPLE.

4 SO THE STRUCTURE OF THIS PROGRAM IS MOSTLY
5 FOCUSED ON MENTORED LABORATORY RESEARCH. SO THIS IS
6 IN STEM CELL GENE THERAPY OR A REGENERATIVE
7 MEDICINE-RELATED RESEARCH. AND THE EXPECTATION HERE
8 IS THAT TRAINEES ARE WORKING TOWARDS THEIR GRADUATE
9 DEGREE, TOWARDS ACQUIRING A FACULTY POSITION OR
10 OTHER CAREER ADVANCEMENT IF, FOR EXAMPLE, THEY ARE A
11 CLINICAL FELLOW OR SUCH.

12 THE TRAINING PROGRAM, ALL THE TRAINING
13 PROGRAMS HAVE TO OFFER ONE OR MORE CLASSES IN STEM
14 CELL OR REGENERATIVE MEDICINE AND ITS APPLICATION TO
15 HEALTH AND DISEASE. THERE IS A REQUIRED COURSE IN
16 THE SOCIAL/LEGAL/ETHICAL IMPLICATIONS OF STEM CELL
17 RESEARCH AND REGENERATIVE MEDICINE AND A SPECIALIZED
18 COURSE IN SOME OTHER AREA THAT WOULD HAVE HIGH
19 RELEVANCE TO THE ADVANCEMENT OF REGENERATIVE
20 MEDICINE APPROACHES. SO THAT'S WHERE THE PROGRAM
21 HAS FLEXIBILITY DEPENDING ON THE INSTITUTION AND
22 PERHAPS THEIR AREA OF EXPERTISE TO PROVIDE
23 ADDITIONAL COURSEWORK.

24 IT ALSO REQUIRES PATIENT ENGAGEMENT AND
25 COMMUNITY OUTREACH ACTIVITIES IN ORDER TO RAISE

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1 AWARENESS OF PATIENT NEEDS AND TO FOSTER SENSITIVITY
2 AROUND THE ISSUES OF ACCESS AND INCLUSION THAT
3 DIFFERENTIALLY IMPACT COMMUNITIES IN CALIFORNIA,
4 PARTICULARLY THOSE THAT ARE DISADVANTAGED BY
5 SOCIOECONOMIC STATUS AND OTHER FACTORS.

6 SO FOR THIS PROGRAM, GIVEN THAT THERE ARE
7 BASICALLY THE THREE FLAVORS OF TRAINEES THAT CAN
8 COME IN AND WITH A DESIRE TO HAVE AN IMPACT ON THE
9 DEGREE ACQUISITION OR ADVANCEMENT IN THEIR CAREER,
10 THERE IS A MINIMUM PERIOD THAT WE WOULD WANT TO
11 SUGGEST FOR EACH OF THESE TRAINEES. SO FOR A
12 PREDOCTORAL GRADUATE STUDENT, WE WOULD LIKE TO SEE
13 THEM SUPPORTED FOR A MINIMUM OF THREE YEARS. AND
14 FOR POSTDOCTORAL FELLOWS OR CLINICAL TRAINEES FOR A
15 MINIMUM PERIOD OF TWO YEARS.

16 SO THE PROGRAM BUDGET ALLOCATION FOR THIS
17 LOOKS LIKE THIS. IT WOULD BE AN ALLOCATION OF 100
18 MILLION TO SUPPORT WHAT WOULD BE ABOUT 20 AWARDS
19 WITH A FIVE-YEAR DURATION AND UP TO FIVE MILLION PER
20 AWARD. SIMILARLY, THIS SUPPORTS TRAINEE STIPENDS,
21 WHICH ARE VARIABLE DEPENDING ON THE LEVEL OF
22 TRAINING, TUITION AND FEES, RESEARCH SUPPLIES,
23 TRAVEL, COURSEWORK, AND PROGRAM ADMINISTRATION.

24 AND SO WE REQUEST APPROVAL FOR THE
25 PROPOSED RESEARCH TRAINING PROGRAM CONCEPT WITH AN

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1 ALLOCATION OF 100 MILLION.

2 CHAIRMAN THOMAS: DO I HEAR A MOTION TO
3 THAT EFFECT?

4 DR. BRASHEAR: MOVE.

5 DR. STAMOS: SECOND.

6 CHAIRMAN THOMAS: THANK YOU. COMMENTS BY
7 MEMBERS OF THE BOARD?

8 DR. MARTIN: I'M NOT CLEAR ON THE NUMBER
9 OF TRAINEES PER AWARD. ARE THOSE PER TRAINEE?

10 DR. SAMBRANO: RIGHT. SO IT'S GOING TO
11 VARY FROM INSTITUTION TO INSTITUTION DEPENDING ON
12 THE TYPE OF TRAINEES THAT THEY CAN SUPPORT. ALSO,
13 BECAUSE THE STIPEND AMOUNTS VARY, SO THEY WILL RANGE
14 FROM ABOUT 36,000 TO 94,000 PER YEAR DEPENDING ON
15 THE LEVEL. SO THE PRE-DOC BEING AT THE LOWER END
16 AND THE CLINICAL FELLOW BEING AT THE VERY TOP END.

17 SO THE INSTITUTIONS HAVE THE FLEXIBILITY
18 TO WORK WITHIN AND PROPOSE WHAT'S APPROPRIATE FOR
19 THEIR INSTITUTION UP TO FIVE MILLION.

20 DR. DULIEGE: HERE I RAISE MY HAND. CAN I
21 COMMENT HERE? YOU WON'T BE SURPRISED. THE COMMENT
22 I JUST MADE FOR THE BRIDGE PROGRAM APPLIES EVEN MORE
23 SO HERE. I APPLAUD THE PROGRAM. I ALSO TRUST CIRM
24 TO DO THE RIGHT THING AND TO BE VERY AWARE OF COSTS,
25 GENERAL COST, PLUS CONSERVATIVE, BUT AT A HIGH

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1 LEVEL. HERE AGAIN EVEN MORE SO, I CANNOT RECONCILE
2 THE MATH, AND I'M ASKING MY FELLOWS ON THE BOARD TO
3 TELL ME IF I MISSED A BIG PICTURE ITEM. HERE WHAT I
4 UNDERSTAND IS THAT ON AVERAGE THE AMOUNT OF MONEY
5 THAT AN INSTITUTION, BIOTECH OR INSTITUTION, WILL
6 RECEIVE PER AWARD PER PERSON PER YEAR IS \$1 MILLION.
7 THAT'S THE TOTAL. I'M SURPRISED. I'M UNCOMFORTABLE
8 WITH IT AND I WELCOME OTHER PERSPECTIVES.

9 CHAIRMAN THOMAS: DR. SAMBRANO, CAN YOU
10 RESPOND TO THAT FIRST PLEASE?

11 DR. SAMBRANO: WELL, AGAIN, IT VARIES --
12 IT'S GOING TO VARY BY INSTITUTION.

13 DR. DULIEGE: I'M TALKING ABOUT AVERAGES.
14 WE DON'T WANT TO HEAR --

15 DR. SAMBRANO: SO IF THEY -- THIS IS
16 ABOUT, AS YOU SAID, A MILLION PER YEAR IN ORDER TO
17 SUPPORT WHAT COULD BE 20 TRAINEES, IT COULD BE 10
18 TRAINEES, AND THE NUMBER WILL ALSO VARY FOR HOW
19 LONG. SO FOR FIVE YEARS, IT MEANS THAT THEY WOULD,
20 IF THEY ABIDE BY THE RULE OF THE THREE-YEAR MINIMUM
21 FOR A PRE-DOC, IT MEANS THAT THEY'RE GOING TO BE
22 MORE LIMITED ON THE NUMBER OF PRE-DOC STUDENTS THAT
23 THEY CAN HAVE VERSUS THE POSTDOCTORAL AND CLINICAL
24 FELLOWS. BUT THE RANGE OF STUDENTS IN A GIVEN YEAR
25 CAN GO UP TO 20 AND BE AS LOW AS MAYBE EIGHT OR TEN.

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1 DR. DULIEGE: SO MAYBE THAT'S ACTUALLY A
2 MAJOR CLARIFICATION THAT YOU JUST MADE AND THANK
3 YOU, BUT I WANT TO MAKE SURE THAT I GET IT RIGHT
4 BECAUSE IT'S NOT SO CLEAR ON THAT SLIDE AND HENCE MY
5 CONFUSION. AND I DO HOPE THAT I'M CONFUSED AND THAT
6 THE REALITY IS MORE REASONABLE.

7 WHAT I READ IS THAT IF AN INSTITUTION, IN
8 BIOTECH OR AN ACADEMIC CENTER, TAKES THE
9 RESPONSIBILITY FOR THESE POST-DOC TRAINEES FOR
10 ANYWHERE ON AVERAGE FIVE YEARS, BUT IT COULD BE
11 THREE OR SO, THAT INSTITUTION WILL RECEIVE FROM CIRM
12 \$1 MILLION PER YEAR. AND WHAT I HEARD YOU TELL IS
13 NO, NO, NO. IT'S UP TO 20 PEOPLE IN THIS PROGRAM,
14 WHICH THEN WILL BECOME COMPLETELY REASONABLE. SO
15 THE AWARD IS ONE MILLION DOLLARS PER AWARD PER YEAR.

16 DR. SAMBRANO: RIGHT. SO THE WAY THIS
17 PROGRAM HERE IS STRUCTURED IS BASICALLY CREATING A
18 CAP ON THE AWARD WITH THE INSTITUTION PROPOSING THE
19 NUMBER OF TRAINEES AND THE TYPES OF TRAINEES THAT
20 THEY CAN SUPPORT WITH THAT AMOUNT OR LESS. SO SOME
21 INSTITUTIONS WOULD NOT BE ABLE TO CLAIM A \$5 MILLION
22 AWARD EITHER BECAUSE THE NUMBER OF TRAINEES THAT
23 THEY CAN SUPPORT, THE FACULTY THAT THEY HAVE IN
24 ORDER TO SUPPORT THEM WOULD BE MUCH LESS. BUT WHEN
25 I SAID UP TO 20, IT ASSUMES THAT THEY'RE ALL THE

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1 LEAST EXPENSIVE TYPE, MEANING THE PREDOCTORAL
2 STUDENTS AS OPPOSED TO POST-DOCS OR CLINICAL
3 FELLOWS.

4 BUT IF A PROGRAM DECIDES TO HAVE ALL THREE
5 FLAVORS OF TRAINEES, THEN IT'S GOING TO BE LESS THAN
6 THAT, AND IT CAN BE AS LITTLE AS EIGHT OR TEN.

7 DR. DULIEGE: GIL, I'M NOT SATISFIED BY
8 YOUR ANSWER, AND I'M A LITTLE UNCOMFORTABLE THAT
9 THERE'S NO MORE TRANSPARENCY. I'M NOT ASKING
10 DETAILS. I'M NOT ASKING THE PROGRAM THAT COSTS LESS
11 AND THERE WILL BE PROGRAM THAT COSTS MORE. I'M
12 ASKING IF WHAT I DID WHEN I DID THE SIMPLE MATH ON
13 THE SLIDE, MEANING ON AVERAGE, IF AN INSTITUTION
14 WELCOMES ONE PRE-DOC, POST-DOC, CLINICAL TRAINEE,
15 WILL RECEIVE WHAT I UNDERSTAND BEING \$1 MILLION PER
16 YEAR OF THAT TRAINING. IF THAT'S NOT THE CASE,
17 PLEASE TELL ME AGAIN BIG PICTURE ONE NUMBER THAT I
18 CAN RELATE TO. AND IF IT'S THE CASE, I AM
19 UNCOMFORTABLE WITH THAT AMOUNT, \$1 MILLION PER YEAR
20 PER PERSON.

21 MR. TORRES: MR. CHAIRMAN, ANNE-MARIE, I
22 DON'T UNDERSTAND WHAT YOU'RE USING AS A COMPARISON.
23 ARE THERE PROGRAMS OUT THERE THAT WE SHOULD MODEL
24 AFTER THAT ARE LESS EXPENSIVE IS WHAT YOU'RE SAYING,
25 OR YOU'RE JUST LOOKING AT THIS IN A VACUUM, OR DO

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1 YOU HAVE OTHER PROGRAMS THAT YOU MAY HAVE COMPARABLE
2 ISSUES WITH? AND I THINK THAT'S AN IMPORTANT
3 CONVERSATION.

4 DR. DULIEGE: ART, PLEASE. I'M NOT
5 LOOKING AT MAKING THIS COMMENT IN A VACUUM. NO, I
6 HAVEN'T DONE UNTIL I'VE SEEN THE SLIDE, SO MY
7 RESEARCH --

8 MR. TORRES: I'M SORRY. I THOUGHT YOU
9 MEANT --

10 DR. DULIEGE: DON'T INTER- -- I'M NOT
11 SAYING THAT I HAVE THE ABILITY TO COMPARE VARIOUS
12 PROGRAMS. IF I MAY SAY I'M USING MY INTUITION HERE
13 OF COST OF LIFE. AND I KNOW BIOTECH WELL --

14 MR. TORRES: THE QUESTION WAS VERY SIMPLE
15 WAS WHETHER YOU HAD PROGRAMS THAT YOU KNEW ABOUT TO
16 COMPARE THE TWO.

17 CHAIRMAN THOMAS: OKAY.

18 DR. MILLAN: MR. CHAIRMAN, MAY I JUST ASK
19 A QUESTION OR JUST MAKE -- MAYBE PROVIDE A LITTLE
20 BIT OF CLARIFICATION BECAUSE I DO THINK I UNDERSTAND
21 WHAT DR. DULIEGE MAY BE POINTING TO?

22 CHAIRMAN THOMAS: CERTAINLY. AND THEN WE
23 HAVE DR. STAMOS AFTER YOUR COMMENTS, DR. MILLAN.

24 DR. MILLAN: DR. DULIEGE, WE COMPLETELY
25 APPRECIATE YOUR QUESTION HERE. I THINK ONE OF THE

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1 THINGS THAT WE NEED TO BEAR IN MIND IS THAT WHEN WE
2 ASK FOR THESE AMOUNTS, THEY ARE AN UP-TO AMOUNT, AND
3 THEN GIL DESCRIBED THAT IT COULD BE A DIFFERENCE IN
4 TERMS OF WHAT TYPES OF TRAINEES AND THEY MAY EXPEND
5 FEWER THAN THAT. I JUST WANTED TO ALSO PUT INTO
6 PLAY THAT WE, IN ADDITION TO OUR GWG AND BUDGET
7 REVIEWS, THAT POST APPROVAL, POST BOARD APPROVAL,
8 WHEN WE DO OUR CONTRACTING, WE HAVE MILESTONE-BASED
9 PAYMENTS THAT ARE DEPENDENT ON WHAT ACTUALLY GETS
10 DONE. SO IT'S NOT THAT AN INSTITUTION WOULD JUST
11 GET A MILLION DOLLARS AND WHETHER THEY GET ONE
12 TRAINEE OR 20, THEY'RE GOING TO GET THAT MILLION.
13 IT REALLY IS MILESTONE BASED ON WHAT THE ACTUAL
14 ACTIVITIES ARE.

15 SO WE CONTRACT OUT THAT WAY JUST LIKE WE
16 DO WITH OUR CLINIC AWARDS AND OUR OTHER AWARDS. SO
17 THAT'S ONE OF THE SAFETY VALVES.

18 AND THEN IN ADDITION IN CONSTRUCTING THIS
19 BUDGET, THE TEAM -- THEY DID THIS FOR THE BRIDGES
20 PROGRAM ALSO -- THEY LAID OUT KIND OF THE COSTS
21 ASSOCIATED WITH THE VARIOUS COMPONENTS IN THE
22 CONCEPT PROPOSAL WHICH IS A MORE DETAILED
23 CONSIDERATION OF THESE CONCEPTS. BUT WE CAN ALSO DO
24 EVEN MORE OF A BREAKDOWN, BUT ULTIMATELY IT IS JUST
25 THOSE BASIC KIND OF PARAMETERS THAT ARE WHAT ARE PUT

1 IN PLACE.

2 AND THE STATEMENTS REGARDING SOME
3 DIFFERENCES IN TERMS OF WHAT THE COST WOULD BE FOR
4 CERTAIN TYPES OF POST-DOCS VERSUS OTHERS RELATES TO
5 SOME CASES WHERE THERE ARE ACTUALLY CLINICAL
6 TRAINEES, AND YOU'RE VERY FAMILIAR WITH THIS HAVING
7 BEEN A CLINICAL TRAINEE, WHERE ESSENTIALLY THEIR
8 TIME WOULD HAVE TO BE BOUGHT FROM THE PROGRAM
9 BECAUSE THEY'RE SERVING A CLINICAL SERVICE, THEY'RE
10 ON THE CLINICAL WARDS. SO FOR THOSE TRAINEES, MAYBE
11 THE BUDGET WOULD BE HIGHER THAN FOR PREDOCTORAL
12 STUDENTS. SO THERE IS QUITE A BIT. IT'S DIFFICULT
13 TO SAY. WHAT HAPPENS IS WE PUT OUT THESE
14 PARAMETERS, WE PUT KIND OF THE CONTOURS, AND THEN
15 THE APPLICANTS THEMSELVES COME TO US WITH A PROPOSAL
16 THAT'S JUSTIFIED, AND THEN WE HAVE REPORTING
17 REQUIREMENTS AND MILESTONE-BASED PAYMENTS THAT
18 PARTNER WITH IT. I DON'T KNOW IF THAT ADDRESSES ALL
19 YOUR QUESTIONS. IT MAY NOT. I JUST WANTED TO MAKE
20 SURE THAT WE MADE SURE THAT THAT WAS LOOKED AT IN
21 THAT CONTEXT. THANK YOU, CHAIRMAN THOMAS.

22 CHAIRMAN THOMAS: OKAY. LET'S GO TO DR.
23 STAMOS NEXT PLEASE.

24 DR. STAMOS: THANK YOU. I HAVE A LOT OF
25 FAMILIARITY, OF COURSE, WITH ALL THESE DIFFERENT

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1 TRAINEES. AND I WOULD JUST SAY THAT WHAT I HEARD
2 FROM GIL, FIRST OF ALL, WAS THAT CERTAINLY THIS IS
3 NOT GOING TO BE \$1 MILLION PER TRAINEE PER YEAR. IT
4 SOUNDS LIKE A MINIMUM OF AROUND EIGHT AND A MAXIMUM
5 OF AROUND 20 DEPENDING ON WHETHER THEY'RE PRE-DOC,
6 POST-DOCS, OR CLINICAL TRAINEES. SO I'D LIKE
7 CLARIFICATION IF THAT'S ACCURATE. I THINK IT IS.

8 AND SECOND OF ALL, I THINK I SAW A SLIDE
9 VERY EARLY ON TODAY THAT TALKED ABOUT COST SHARING;
10 THAT IS, THAT INSTITUTIONS THAT WERE WILLING TO
11 CO-INVEST WOULD RECEIVE A LITTLE MORE PRIORITY. I'D
12 LIKE CLARIFICATION IF THAT'S TRUE OR NOT. AND
13 CERTAINLY THESE NUMBERS IN THE BUDGETS ARE VERY MUCH
14 OVER EXPECTING FOR THE KIND OF NUMBERS, IF I
15 UNDERSTAND IT CORRECTLY, THAT THIS IS PROPOSING.

16 DR. SAMBRANO: SO THE COST SHARING IS NOT
17 SOMETHING THAT WAS PART OF THIS PROPOSAL. IT WAS
18 PART OF THE BRIDGES BECAUSE IT WAS A REQUIREMENT
19 UNDER PROP 14. IT IS SOMETHING THAT WE CAN
20 CERTAINLY INCLUDE, BUT IT WAS NOT INTENDED TO BE
21 PART OF THIS CONCEPT.

22 CHAIRMAN THOMAS: DR. DULIEGE.

23 DR. DULIEGE: VERY BRIEFLY. I'M NOT
24 ASKING FOR DETAILS, AND I UNDERSTAND THAT IN
25 PRE-DOC, POST-DOC, AND CLINICAL REALLY DON'T COST

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1 ALL THE SAME. WHAT I'D LIKE TO MAKE SURE IS THAT WE
2 ALL AS BOARD MEMBERS ARE COMPLETELY CLEAR ON THE
3 NUMBERS AT A HIGH LEVEL, LIKE ON THIS SLIDE. I
4 DON'T THINK WE NEED TO DIG MORE DOWN IN THE
5 TRENCHES. AND IF THESE NUMBERS ARE NOT ACCURATE OR
6 SIMPLY FRANKLY CONFUSING, AS I BELIEVE THEY ARE, AND
7 BELIEVE ME I DEAL WITH BUDGETS OF MILLIONS OF
8 DOLLARS, SO I KNOW HOW TO BUDGET, PLEASE JUST
9 CLARIFY. THAT'S OKAY. IF I'M WRONG, I'D RATHER
10 BE -- I WANT TO BE WRONG HERE. BUT EVEN WHAT YOU
11 JUST SAID, MICHAEL, APPARENTLY IT'S NOT FOR ONE
12 PERSON, BUT IT'S FOR ANYWHERE BETWEEN EIGHT TO 20.
13 SO TELL ME THAT I'M WRONG.

14 ALSO, I'D LIKE IN THE FUTURE THAT WE GET
15 LITTLE BIT MORE AN EXPLANATION OF HOW THESE BUDGETS
16 WERE BUILT, BUT ULTIMATELY I'D LOVE TO HAVE A SIMPLE
17 QUESTION, BUT WE ALL DEAL WITH AVERAGES. WE KNOW
18 THAT SOME INSTITUTIONS ARE MORE EXPENSIVE THAN
19 OTHERS, AND A ONE-YEAR PROGRAM IS DIFFERENT THAN A
20 THREE-YEAR PROGRAM. IF ANYONE CAN TELL ME HOW THIS
21 BUDGET WAS BUILT AND WHAT WAS THE AVERAGE TARGET FOR
22 A NEW DURATION OF THE TRAINING AT A GIVEN
23 INSTITUTION ON AVERAGE, THAT'S ALL WHAT I'M ASKING.

24 DR. MILLAN: CHAIRMAN THOMAS, MAY I SCREEN
25 SHARE?

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1 CHAIRMAN THOMAS: CERTAINLY.

2 DR. SAMBRANO: LET ME STOP OF THE SHARE.
3 GO AHEAD.

4 DR. MILLAN: I'M JUST GOING TO TRY TO --
5 HOPEFULLY I'M PULLING UP THE RIGHT SLIDE. CAN YOU
6 SEE THIS SLIDE?

7 CHAIRMAN THOMAS: NOT EXACTLY LARGE FONT,
8 MARIA.

9 DR. DULIEGE: THANKS FOR SHOWING THE
10 SLIDE, BUT I'D LOVE TO HAVE ONE SINGLE NUMBER.
11 AGAIN, I DON'T MEAN TO HAVE 40 PEOPLE LOOKING AT A
12 DETAILED BUDGET LINE BY LINE AND WASTE EVERYONE'S
13 TIME. WE CAN TABLE THAT FOR THE NEXT MEETING IF
14 CIRM WANTS TO GO BACK --

15 DR. MILLAN: I'M SORRY THAT YOU CAN'T SEE
16 THE WHOLE THING, BUT THE POST-DOC AVERAGE TURNS OUT
17 TO 79.5 THOUSAND A YEAR. A CLINICAL FELLOW IS ABOUT
18 105,000 PER YEAR, AND THESE WERE KIND OF BASED ON
19 SOME NIH RANGES. SO I JUST WANTED TO MAKE SURE
20 THAT -- WE COULD DO BETTER IN TERMS OF MAKING SURE
21 THIS IS PART OF THE CONCEPT PROPOSAL PRESENTATION,
22 AND WE TAKE THAT INPUT, DR. DULIEGE, AND WE'LL MAKE
23 SURE THAT WE INCORPORATE IT, BUT I JUST WANTED TO
24 MAKE SURE THAT FOR THIS, AS WELL AS THE BRIDGES
25 PROGRAM, THAT THE BOARD DOES KNOW THAT IT WAS NOT

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1 JUST A RANDOM NUMBER CHOSEN, AND THAT WE'RE
2 TAKING -- IT IS ACTUALLY BUILT UP. SO THAT'S ALL I
3 WANTED TO SHARE. THANK YOU.

4 DR. DULIEGE: MARIA, THAT WILL BE MY LAST
5 INTERVENTION. I DON'T MEAN TO CAPTURE ALL THE AIR
6 TIME, BUT, FIRST OF ALL, I NEVER -- I DON'T WANT
7 PEOPLE TO THINK THAT IT WAS A RANDOM NUMBER. I KNOW
8 THIS WAY BETTER THAN THAT.

9 BUT SECOND, I THINK YOU GAVE ME THE
10 ANSWER, WHICH IS ON AVERAGE THE COST OF ONE PERSON
11 IN THAT PROGRAM PER YEAR ON AVERAGE IS ABOUT
12 \$90,000. THAT'S MY ROUGH AVERAGE, BETWEEN 80,000 TO
13 105. IF THAT'S THE CASE, THAT'S ALL THE NUMBER -- I
14 FIND THAT WAY MORE REASONABLE. ANYWAY.

15 DR. MILLAN: THANK YOU SO MUCH, DR.
16 DULIEGE. I'LL STOP MY SHARE, AND WE CAN MAKE SURE
17 THIS GOES AROUND.

18 CHAIRMAN THOMAS: DR. MELMED, YOU'RE NEXT.

19 DR. MELMED: BASICALLY I THINK THE ANSWER
20 TO ART TORRES' GOOD QUESTION IS JUST LET'S HAVE A
21 COMPARISON TO T32S. INSTITUTIONAL T32S FROM THE NIH
22 ARE VERY SIMILAR. AND I THINK A VERY SIMPLE ANSWER
23 TO ART WOULD BE IF GIL COULD PROVIDE US WITH JUST A
24 HIGH LEVEL COMPARISON. BUT THE NUMBER THAT WE JUST
25 SAW FROM DR. MILLAN ARE QUITE COMPATIBLE WITH THAT,

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1 I THINK, JUST EYEBALLING THEM. THEY'RE A LITTLE BIT
2 HIGH, WE'RE HIGHER THAN T32S, BUT NOT MUCH HIGHER.

3 CHAIRMAN THOMAS: THANK YOU, DR. MELMED.
4 THAT'S VERY HELPFUL. DR. PRIETO.

5 DR. PRIETO: THANK YOU. SO I JUST WANTED
6 TO RESPOND AS A LONG-TERM MEMBER OF THE GWG. I'VE
7 BEEN A PATIENT ADVOCATE MEMBER FOR PERHAPS A DECADE
8 OR MORE. AND I WANTED TO REASSURE ANNE-MARIE.
9 FIRST, I APPRECIATE VERY MUCH THAT THE STRESS ON
10 BEING GOOD STEWARDS OF THE MONEY THAT THE PEOPLE OF
11 CALIFORNIA HAVE PUT IN OUR HANDS TO DISTRIBUTE, BUT
12 I DID WANT TO REASSURE YOU THAT THE MEMBERS OF THE
13 GWG ARE, FOR THE MOST PART, SCIENTIFIC REVIEWERS ARE
14 PEOPLE WHO HAVE EXTENSIVE EXPERIENCE MANAGING
15 GRANTS, BEING GRANT RECIPIENTS, EVALUATING GRANTS.
16 AND BUDGET IS AN ISSUE THAT IS FREQUENTLY DISCUSSED
17 WHEN A GRANT APPLICATION IS BROUGHT BEFORE US.

18 BUDGETS THAT ARE FELT TO BE EXCESSIVE ARE
19 CERTAINLY COMMENTED UPON. AND I THINK IT'S
20 SOMETHING THAT APPLICATIONS GET MARKED DOWN FOR IF
21 THEIR BUDGET IS UNREALISTIC. SO I DO THINK THAT WE
22 HAVE A GOOD PROCESS IN PLACE FOR EVALUATING THOSE
23 AND TARGETING THE OUTLIERS SO THAT WE DO SPEND OUR
24 MONEY RESPONSIBLY.

25 CHAIRMAN THOMAS: THANK YOU. DR. VUORI.

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1 DR. VUORI: I LOOKED AT THE TWO T32 GRANTS
2 THAT SHLOMO JUST REFERRED TO, THE NIH TRAINING
3 GRANTS THAT WE HAVE HERE AT OUR INSTITUTE. AND I
4 CAN CONFIRM THAT THE NUMBERS MARIA SHOWED ARE
5 EXACTLY WHAT NIH USES IN TRAINING GRANTS.

6 CHAIRMAN THOMAS: THANK YOU. THAT'S VERY
7 HELPFUL. OTHER COMMENTS BY MEMBERS OF THE BOARD?

8 SO, GIL, I WANT TO JUST GET BACK TO THE
9 QUESTION I ASKED ABOUT BRIDGES, WHICH YOU MENTIONED
10 REFERS TO THE TRAINING GRANTS. DID WE IN THE PAST
11 GIVE THE SAME AWARDS TO ALL INSTITUTIONS, OR DID IT
12 DIFFER IN TERMS OF SIZE AND ABILITY TO MANAGE
13 NUMBERS OF TRAINEES?

14 DR. SAMBRANO: RIGHT. SO IN THE FIRST
15 ITERATION OF THIS PROGRAM, IT WAS UNDER PROP 71,
16 CREATED THREE DIFFERENT TYPES. THERE WAS TYPE 1,
17 TYPE 2, TYPE 3 PROGRAM. AND SO EACH WITH THE IDEA
18 THAT IF YOU CAN SUPPORT ONE TYPE OF TRAINEE, YOU
19 WOULD BE A TYPE 1; IF YOU CAN SUPPORT TWO DIFFERENT
20 TYPES, YOU'D BE A TYPE 2; AND IF YOU CAN SUPPORT ALL
21 OF THEM, YOU WOULD HAVE A COMPREHENSIVE PROGRAM, AND
22 THAT WOULD BE A -- MAYBE I HAVE THEM REVERSED, BUT A
23 TYPE 3. AND SO THE IDEA BEHIND IT WAS THAT YOU
24 WOULD THEN TAILOR THE ASK OR THE MAXIMUM AWARD
25 AMOUNT ON THAT TYPE OF PROGRAM AND THE TYPES OF

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1 TRAINEES AND NUMBER OF TRAINEES THAT YOU COULD
2 SUPPORT.

3 HERE WHAT WE ARE DOING IS KIND OF
4 CREATING A MAXIMUM AMOUNT WHICH IS GENERALLY LESS
5 THAN THE MAXIMUM WE AWARDED IN THE PAST FOR A LARGE,
6 COMPREHENSIVE PROGRAM, BUT MORE THAN FOR THE SMALLER
7 PROGRAMS WITH THE IDEA THAT THAT FLEXIBILITY WILL
8 ALLOW THEM TO STRUCTURE THEIR PROGRAM AS THEY SEE
9 FIT. IN OTHER WORDS, ALLOWING THEM TO BRING IN
10 DIFFERENT TYPES OF TRAINEES WITHOUT CREATING
11 RESTRICTIONS ON YOU CAN'T HAVE A POSTDOCTORAL FELLOW
12 BECAUSE YOU'RE A TYPE 1 PROGRAM AND YOU APPLIED ONLY
13 FOR PRE-DOC. AND SO THE IDEA WAS TO CREATE
14 FLEXIBILITY IN THAT PROGRAM IN THAT WAY. AND SO AS
15 A RESULT, WE MOVED AWAY FROM THE THREE DIFFERENT
16 TYPES.

17 CHAIRMAN THOMAS: OKAY. THANK YOU. THE
18 ORIGINAL TRAINING GRANTS, WHAT WAS THE RANGE OF
19 AWARDS SINCE THEY WERE VARIED PER INSTITUTION?

20 DR. SAMBRANO: SO THE RANGE OF AWARDS, OFF
21 THE TOP OF MY HEAD I'M TRYING TO REMEMBER. SO THE
22 SMALLEST AWARD PROBABLY SUPPORTED ABOUT FIVE
23 TRAINEES PER YEAR, AND IN SOME CASES IT WAS JUST
24 POST-DOCS OR JUST PRE-DOCS. AND SO THE TOTAL AWARD
25 AMOUNT WAS UNDER A MILLION. WHEREAS, THE VERY

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1 LARGE, COMPREHENSIVE AWARDS THAT TRAINED ALL
2 DIFFERENT TYPES AND HAD A LARGER NUMBER OF TRAINEES
3 WAS AT ABOUT THE 3.5 MILLION OR SO OR EVEN UP TO
4 FOUR MILLION. BUT REMEMBER THIS WAS FOR A
5 THREE-YEAR AWARD AS OPPOSED TO A FIVE-YEAR AWARD AS
6 WE ARE PROPOSING HERE.

7 CHAIRMAN THOMAS: OKAY.

8 MS. BONNEVILLE: J.T., OS HAS A QUESTION.

9 CHAIRMAN THOMAS: YES, DR. STEWARD.

10 DR. STEWARD: THANK YOU. MY QUESTION IS
11 ABOUT SORT OF THE GRANTS MANAGEMENT SIDE OF THINGS.
12 AND MAYBE THE ANSWER TO THIS WILL SORT OF RELIEVE
13 SOME WHO MAY STILL HAVE CONCERN. SO LET'S TAKE AN
14 INSTITUTION WHO RECEIVES A LARGE AWARD THAT ACTUALLY
15 SUPPORTS TRAINEES AT DIFFERENT LEVELS. THAT
16 INSTITUTION MAY OR MAY NOT BE ABLE TO FILL ALL THE
17 SLOTS THAT IT IS APPROVED TO FILL. IF IT CAN'T OR
18 DOESN'T, DOES CIRM RECOVER THOSE FUNDS? THANK YOU.

19 DR. SAMBRANO: YES. GENERALLY WE RECOVER
20 FUNDS FROM UNUSED SLOTS. THAT CERTAINLY HAPPENED IN
21 THE PAST. SOMETIMES EVEN THE OPPOSITE OCCURRED
22 WHERE, AS A RESULT OF UNUSED SLOTS IN A GIVEN YEAR,
23 WE ALLOWED AN INSTITUTION TO ADD ANOTHER TRAINEE IN
24 THE SUBSEQUENT YEAR. SO THERE IS SOME FLEXIBILITY,
25 BUT ULTIMATELY IF THEY DON'T AND CAN'T USE THE

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1 FUNDS, WE WILL RECOVER THOSE.

2 DR. STEWARD: THANK YOU. I ASK THAT
3 QUESTION JUST TO EMPHASIZE THAT IT'S NOT LIKE THIS
4 INSTITUTION GETS A MILLION DOLLARS AND IT DOESN'T
5 REALLY MATTER WHAT THEY DO WITH IT. IN FACT, THE
6 PROGRAM IS MANAGED A LOT LIKE NIH AND THAT IT REALLY
7 IS BASED ON THE AWARD OF FELLOWSHIPS IN THE WAY THAT
8 WAS PROMISED IN THE ORIGINAL APPLICATION. AGAIN,
9 JUST COMPLIMENT CIRM ON DOING IT THIS WAY. I THINK
10 IT'S THE RIGHT WAY TO DO IT AND INDICATES THE SORT
11 OF MAXIMAL AMOUNT OF OVERSIGHT IN THAT. THANK YOU.

12 MS. BONNEVILLE: J.T., ANNE-MARIE HAS HER
13 HAND RAISED.

14 DR. DULIEGE: HOW MANY TRAINEES ARE
15 EXPECTED TO BE COVERED BY THIS PROGRAM TOTAL?

16 DR. SAMBRANO: SO, AGAIN, IT'S HARD TO
17 KNOW BECAUSE WE DON'T KNOW WHAT TYPES OF TRAINEES
18 BECAUSE THE TYPE OF TRAINEE IS GOING TO DETERMINE
19 HOW MANY EACH INSTITUTION HAS. SO IT'S DIFFICULT
20 FOR ME TO SAY EXACTLY HOW MANY.

21 DR. DULIEGE: NO. GIL, I'M SORRY. YOU'RE
22 PROVIDING US A BUDGET. THE BUDGET IS BASED ON SOME
23 ESTIMATE. I'M ASKING YOU WHAT WAS THE ESTIMATE THAT
24 YOU USED, OR I'M ASKING CIRM, THAT YOU USED TO
25 CALCULATE YOUR BUDGET AND PARTICULARLY HOW MANY

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1 TRAINEES WOULD YOU EXPECT EITHER ON AVERAGE OR
2 MAXIMUM, ONE NUMBER, TO BE COVERED BY THIS PROGRAM
3 SO THAT WE CAN UNDERSTAND. THE SLIDE WAS CONFUSING.
4 I WAS MOST APPRECIATIVE BY MARIA GIVING US THE
5 NUMBER I WAS LOOKING FOR ON AVERAGE --

6 DR. SAMBRANO: I UNDERSTAND.

7 DR. DULIEGE: -- YOU WILL GIVE AN
8 INSTITUTION \$90,000 PER YEAR PER TRAINEE. THAT
9 MAKES A LOT OF SENSE TO ME. THAT'S ACTUALLY NOT TOO
10 HIGH, NOT TOO LOW, JUST RIGHT THERE. BUT STILL
11 YOU'RE ASKING US TO VOTE FOR \$100 MILLION, AND I'D
12 LIKE TO KNOW THE DELTA BETWEEN 90,000 PER TRAINEE
13 PER YEAR AND 100,000. WHEN I DO THE MATH, THERE'S
14 QUITE A BIT OF DELTA. MY QUESTION IS SIMPLE, GIL,
15 MARIA, ANYONE FROM CIRM, WHEN YOU PUT THIS BUDGET
16 TOGETHER, WHAT WAS YOUR EXPECTATION ESTIMATE IN
17 TERMS OF NUMBER OF TRAINEES THAT WOULD BE COVERED
18 MAXIMUM?

19 DR. MILLAN: GIL, MAYBE YOU CAN GIVE THE
20 CALCULATION IF THEY WERE ALL PREDOCTORAL STUDENTS,
21 HOW MANY COULD THE PROGRAM SUPPORT. ANNE-MARIE, WE
22 DON'T KNOW WHAT AN INSTITUTION IS GOING TO END UP
23 GETTING BECAUSE IT COULD BE THAT THEY HAVE ALL
24 PREDOCTORALS, THEY MAY ALL HAVE CLINICAL FELLOWS.
25 THE IDEA IS THAT THE PROPOSAL COMES IN, AND THEY'RE

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1 ONLY PAID FOR THE TRAINEES THAT THEY GET.

2 DR. DULIEGE: MARIA, WE'LL NEED TO MOVE ON
3 AT SOME POINT. MARIA, I'M NOT ASKING THE DETAILS.
4 I CAN ONLY ASSUME, AND I TRULY HOPE THAT TO PUT A
5 BUDGET AND TO ASK FOR A VOTE OF \$100 MILLION, THERE
6 WAS AN ESTIMATE OF THE PEOPLE IT WOULD SERVE. I
7 DON'T KNOW EXACTLY HOW MANY EACH CLINICAL CENTER
8 WILL ENROLL PATIENTS. I HAVE A VERY GOOD ESTIMATE
9 OF WHAT WOULD BE THE COST ON AVERAGE OF EACH OF
10 THESE PATIENTS. AND THAT'S HOW I'M BUILDING THE
11 BUDGET. THAT'S ALL WHAT I'M ASKING. IF YOU DON'T
12 HAVE IT, WHICH SURPRISES ME, I WOULD BE HAPPY TO
13 MAKE THE RECOMMENDATION, AND, OF COURSE, I'M LOOKING
14 TO MY FELLOWS ON THIS BOARD HERE TO TABLE THIS VOTE
15 TO NEXT TIME, AND WE MEET QUITE OFTEN NOW, TO COME
16 WITH A HIGH LEVEL BUDGET THAT WE CAN ALL LOOK AT.

17 MR. TORRES: I THINK THAT'S AN EXCELLENT
18 RECOMMENDATION. RATHER THAN COMING BACK TO THE
19 BOARD, WHY DON'T WE GO BACK TO A SUBCOMMITTEE THAT
20 CAN REVIEW IN DEPTH, WHICH ANNE-MARIE IS A MEMBER,
21 AND NOT TAKE UP THE BOARD'S TIME AT THIS POINT, BUT
22 TO DO A SUBCOMMITTEE WORK, DO A DEEP DIVE INTO THESE
23 NUMBERS. AND THAT WAY WE CAN HAVE A BETTER IDEA AND
24 THEN REPORT THAT OUT OF THE SUBCOMMITTEE TO THE FULL
25 BOARD. DOES THAT SOUND OKAY?

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1 DR. DULIEGE: ABSOLUTELY BECAUSE I'M
2 UNCOMFORTABLE USING SO MUCH AIR TIME ON THIS TOPIC,
3 YET THE TOPIC IS IMPORTANT. I'M HAPPY TO BE PART OF
4 THIS REVIEW. I WILL NOT ASK FOR A DEEP DIVE. THIS
5 IS NOT THE MANDATE OF THE BOARD, AND I WANT TO STAY
6 AT A HIGH LEVEL. I JUST WANT TO HAVE SIMPLE NUMBERS
7 THAT I CAN RECONCILE AND BLESS OUT OF RESPECT FOR
8 OUR MISSION.

9 MR. TORRES: THAT'S WHY I SUGGESTED THAT,
10 ANNE-MARIE, THAT A SUBCOMMITTEE OF THE FULL BOARD
11 LOOK AT THIS AND BRING IT BACK TO THE FULL BOARD.

12 DR. DULIEGE: I'M FINE WITH THAT.

13 CHAIRMAN THOMAS: WE HAVE THAT AS A
14 SUGGESTION. GIL OR MARIA, DO YOU HAVE, BEFORE WE
15 SORT OF HAVE FURTHER DISCUSSION ON THAT SUGGESTION,
16 DO YOU HAVE THOUGHTS ON DR. DULIEGE'S QUESTION?

17 DR. MILLAN: MAYBE I CAN SCHEDULE A
18 MEETING WITH DR. DULIEGE, AND THEN WE CAN FIGURE OUT
19 FROM THERE WHAT'S NEEDED. BECAUSE WE DO WANT TO
20 RESPOND TO YOUR QUESTIONS, DR. DULIEGE. WE DO HAVE
21 ANSWERS. IT'S THE MAXIMUM AMOUNT THAT COULD
22 POTENTIALLY BE COVERED VERSUS THE MINIMUM AMOUNT OF
23 TRAINEES THAT COULD POTENTIALLY BE COVERED WITH THIS
24 BUDGET. BECAUSE SHORT OF THAT, I DON'T THINK WE'LL
25 HAVE AN ANSWER BECAUSE, UNTIL THE ACTUAL PROPOSAL

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1 COMES IN FROM GIVEN INSTITUTIONS, UNTIL THERE ARE
2 ACTUAL TRAINEES BROUGHT INTO THAT, WE WON'T HAVE
3 THOSE NUMBERS. SO THAT PARTICULAR QUESTION IS GOING
4 TO BE TOUGH TO DISCUSS IN ANY FORM, SUBCOMMITTEE OR
5 NOT, HONESTLY.

6 SO I THINK IT MAY JUST BE A BETTER
7 UNDERSTANDING OF HOW THESE NUMBERS ONE CAN LOOK AT
8 IN TERMS OF NUMBERS OF TRAINEES THAT IT CAN SUPPORT.
9 OTHER THAN THAT, I HAVE NO SUGGESTIONS, CHAIRMAN. I
10 DON'T EVEN KNOW. WOULD IT GO TO THE SCIENCE
11 SUBCOMMITTEE OR WHAT SUBCOMMITTEE ARE WE REFERRING
12 TO AT THIS POINT?

13 MR. TORRES: FINANCE.

14 CHAIRMAN THOMAS: IT WOULD BE THE FINANCE
15 SUBCOMMITTEE.

16 DR. DEAS: J.T., ON THE OTHER HAND, I WISH
17 THERE WAS A WAY THAT PERHAPS MARIA COULD MEET WITH
18 ANNE TO RESOLVE THE QUESTIONS. HOWEVER, IT DOESN'T
19 SEEM LIKE THE MAJORITY OF THE BOARD MEMBERS FEEL
20 THAT THIS IS A STICKING POINT. AT LEAST THAT'S NOT
21 WHAT I'M HEARING. AND IT'S VERY CLEAR TO ME HOW
22 THIS FUNDING IS GOING TO BE DONE. AND TO TABLE THIS
23 BECAUSE WE NEED TO EXPLAIN IT TO ONE PERSON, I
24 REALLY DON'T THINK WE SHOULD DO THAT. I THINK WE
25 SHOULD PUT THIS TO A VOTE AND HAVE MARIA MEET WITH

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1 ANNE-MARIE TO RESOLVE HER QUESTIONS.

2 CHAIRMAN THOMAS: I THINK, I'M SPECULATING
3 WE'RE GOING TO HAVE MORE THAN ANNE-MARIE CONCERNED
4 ON THIS POINT. SOUNDS LIKE SENATOR TORRES IS AS
5 WELL.

6 MR. TORRES: NO. NO. NO. I'M NOT
7 CONCERNED ABOUT IT. I'M READY TO VOTE AYE AS I WILL
8 ON THE BRIDGES PROGRAM. I JUST THOUGHT THAT WAS A
9 SUGGESTION, BUT I AGREE WITH OUR DEAR DEAN FROM UC
10 RIVERSIDE. I THINK THAT WOULD BE A GREAT IDEA FOR
11 ANNE-MARIE AND MARIA TO GET TOGETHER AND GIL AND
12 COME OUT WITH WHAT NEEDS TO BE LOOKED AT MORE
13 DEFINITELY AND TAKE INTO ACCOUNT FROM OUR DEAR
14 FRIEND AT CEDARS AND CLEARLY FROM KRISTINA AS TO
15 WHAT GOES ON WITH THE NIH IN SIMILAR PROGRAMS SO
16 THAT WE HAVE A COMPARISON OF THE FACT THAT WE ARE
17 DOING OKAY AND THAT WE'RE FOLLOWING BASICALLY WHAT
18 THE FEDS ARE FOLLOWING. SO I WITHDRAW MY
19 SUGGESTION.

20 CHAIRMAN THOMAS: OKAY. THANK YOU. ANY
21 OTHER COMMENTS ON DR. DULIEGE'S SUGGESTION? SO, DR.
22 DULIEGE, I THINK WHAT WE'LL DO, WE DEFINITELY WANT
23 TO RUN THIS TO GROUND FOR YOU. IT DOES SOUND LIKE
24 THERE IS SUPPORT TO GO AHEAD AND VOTE ON THIS AT THE
25 MOMENT. WE DO WANT CLARITY FOR YOUR PURPOSES AND

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1 EVERY OTHER BOARD MEMBER. SO I WOULD PROPOSE, BASED
2 ON THIS VERY GOOD AND WORTHWHILE DISCUSSION, AND
3 THANK YOU VERY MUCH FOR RAISING ALL THESE POINTS,
4 THAT WE DO, UNLESS THE BOARD THINKS DIFFERENTLY,
5 PROCEED TO A VOTE HERE ON THE MOTION AND HAVE A
6 MEETING FOR YOU AND OTHER MEMBERS OF THE BOARD WHO
7 WANTED CLARITY ON THESE ISSUES SUBSEQUENTLY TO GET
8 YOU THE ANSWERS THAT YOU NEED IF THAT IS OKAY WITH
9 MEMBERS OF THE BOARD.

10 MR. TORRES: AND THE FACT THAT THE BOARD
11 CAN REVISIT THIS ISSUE AT A LATER DATE AS WELL.
12 THAT'S NOT OUT OF THE QUESTION.

13 CHAIRMAN THOMAS: SURE. AGAIN, I DO WANT
14 TO THANK DR. DULIEGE FOR RAISING THESE CONCERNS
15 BECAUSE THEY ARE VIABLE, AND I THINK THERE ARE VERY
16 GOOD ANSWERS TO THESE. THANK YOU AGAIN.

17 DR. SAMBRANO: MR. CHAIRMAN, REALLY SORRY
18 TO INTERRUPT. I JUST WANTED TO SAY, BECAUSE I'VE
19 BEEN GETTING FED SOME NUMBERS FROM THE SPREADSHEETS
20 THAT MIGHT BE HELPFUL. SO IF YOU LOOK ACROSS THE
21 FIVE YEARS AND FOR THE INVESTMENT, IF ALL OF THE
22 TRAINEES WERE AT THE CLINICAL LEVEL, THAT'S THE MOST
23 EXPENSIVE, YOU WOULD HAVE ABOUT 160 CLINICAL
24 TRAINEES. IF YOU LOOK AT THE OTHER EXTREME ON THE
25 ALL PRE-DOC, YOU WOULD HAVE ABOUT 360 TRAINEES THAT

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1 WOULD BE ALLOWED, JUST AS GENERAL RANGE.

2 DR. STAMOS: IS THAT PER YEAR OR TOTAL?

3 DR. SAMBRANO: TOTAL.

4 CHAIRMAN THOMAS: THANK YOU. THAT'S
5 HELPFUL. ANY OTHER COMMENTS BY MEMBERS OF THE
6 BOARD?

7 MS. BONNEVILLE: STEVE JUELSGAARD HAS HIS
8 HAND RAISED.

9 CHAIRMAN THOMAS: MR. JUELSGAARD.

10 MR. JUELSGAARD: SO FROM MY POINT VIEW,
11 WE'RE SPENDING TAXPAYERS' MONEY. AND OUR JOB IS TO
12 BE SURE THAT IT'S BEEN SPENT IN A WISE FASHION. AND
13 I THINK WHAT ANNE-MARIE WAS POINTING AT ALONG THE
14 WAY AND WHAT SHE'S USED TO AND I'M USED TO ARE THE
15 NUMBERS THAT GO BEHIND THE NUMBERS. HOW DID YOU GET
16 THERE? WHAT'S THE BUILD, AS WE CALL IT, IN ORDER TO
17 BE CONFIDENT THAT THIS WAS THE RIGHT SIZE, THE
18 NUMBERS MADE SENSE, ET CETERA, SO THAT WHEN WE VOTE
19 AND WE VOTE YES, WHICH I WILL DO IN THIS CASE
20 BECAUSE WE'VE GOT THAT ADDITIONAL INFORMATION, BUT
21 THEN WE CAN VOTE WITH CONFIDENCE THAT WE ARE DOING A
22 WISE THING IN SPENDING THE TAXPAYERS' MONEY THIS
23 WAY. THAT'S ALL.

24 CHAIRMAN THOMAS: THANK YOU, MR.
25 JUELSGAARD.

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1 DR. MILLAN: CHAIRMAN THOMAS, WE TAKE THE
2 FEEDBACK, AND WE WILL IMPROVE OUR PROCESS FOR
3 BRINGING CONCEPTS TO THE BOARD TO INCLUDE THE BUDGET
4 BUILD IN THE PRESENTATION. SO THANK YOU, BOARD
5 MEMBERS, FOR YOUR FEEDBACK.

6 CHAIRMAN THOMAS: THANK YOU, DR. MILLAN.
7 ANY OTHER COMMENTS BY MEMBERS OF THE BOARD? ANY
8 COMMENTS BY MEMBERS OF THE PUBLIC?

9 MS. BONNEVILLE: WE DO ACTUALLY HAVE TWO
10 COMMENTS FROM ONE MEMBER OF THE PUBLIC, MR. JENSEN.
11 SO THE FIRST ONE IS, "PLEASE PUT THIS UP DURING THE
12 PUBLIC COMMENT PERIOD IF GIL DOES NOT DEAL WITH IT.
13 IF I RECALL CORRECTLY, THE BOARD HAS INDICATED IT
14 WANTS BETTER DATA ON OUTCOMES OF THE TRAINING AND
15 EDUCATION PROGRAMS PARTICULARLY IN TERMS OF
16 DIVERSITY. WILL THE BRIDGES AND SCHOLARS RELAUNCH
17 REQUIRE BETTER DATA FROM THE RECIPIENT INSTITUTIONS?
18 WHAT SORT OF MEASUREMENTS ARE NEEDED?"

19 SO WE CAN GO WITH THAT ONE FIRST, AND THEN
20 I WILL READ THE NEXT ONE.

21 CHAIRMAN THOMAS: DR. SAMBRANO OR DR.
22 MILLAN, WOULD YOU LIKE TO RESPOND TO THAT?

23 DR. MILLAN: THANK YOU FOR THE QUESTION.
24 IN FACT, AS PART OF OUR STRATEGIC PLANNING AND
25 OPERATIONAL IMPROVEMENTS, WE ARE WORKING TO MAKE

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1 REFINEMENTS TO OUR REPORTING PROCESS. WE DO CAPTURE
2 SOME DATA, BUT WE ARE TRYING TO GET ADDITIONAL INPUT
3 TO KIND OF BRING IT UP TO THE STATE OF THE ART SO
4 THAT WE REALLY CAN CAPTURE IN THE BEST POSSIBLE WAY
5 DATASETS RELATED TO DIVERSITY, EQUITY, AND
6 INCLUSION, AND THEN ALSO TO BUILD IT INTO HOW WE
7 MEASURE -- HOW WE USE METRICS TO GUIDE WHAT THE
8 STATUS IS OF PROGRAMS RELATED TO THOSE PARAMETERS.
9 AND SOME OF THOSE THINGS YOU WILL START TO SEE AS WE
10 CONTINUE TO REFINE AND ROLL OUT OUR PROGRAMS.
11 THEY'RE EMBEDDED WITHIN OUR STRATEGIC PLANNING.

12 CHAIRMAN THOMAS: THANK YOU, DR. MILLAN.
13 MARIA, WHAT WAS THE SECOND COMMENT?

14 MS. BONNEVILLE: "THE PREVIOUS TRAINING
15 PROGRAM PRODUCED 940 ALUMS AT A COST OF 117 MILLION.
16 IF I'M FIGURING THIS CORRECTLY, THE AVERAGE COST FOR
17 EACH TRAINEE IS ABOUT 124,468 OR AM I WRONG? HOW
18 DOES THIS AVERAGE COST FOR TRAINING IN THE PROGRAM
19 APPLY IN THE NEW VERSION?"

20 MR. TORRES: WHO WAS THAT?

21 MS. BONNEVILLE: THAT WAS FROM DAVID
22 JENSEN.

23 CHAIRMAN THOMAS: I THINK WE'VE DEALT
24 FAIRLY EXTENSIVELY ON THIS QUESTION, BUT, DR.
25 SAMBRANO, IF YOU'D LIKE TO FURTHER RESPOND.

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1 DR. SAMBRANO: SO I THINK THAT THAT
2 AVERAGE IS BASICALLY WHAT WAS SHOWN IN THE
3 SPREADSHEET, THAT FOR A POST-DOC, IT IS SOMEWHERE IN
4 THE RANGE OF ABOUT 90 OR SO THOUSAND, JUST ON
5 AVERAGE.

6 CHAIRMAN THOMAS: THANK YOU. THANK YOU,
7 MR. JENSEN, FOR YOUR QUESTIONS. DO WE HAVE ANY
8 OTHER COMMENTS OR QUESTIONS FROM MEMBERS OF THE
9 PUBLIC?

10 HEARING NONE, WE'VE HAD A VERY ROBUST
11 DISCUSSION ON THIS. I THINK WE ARE READY FOR A
12 VOTE. MARIA, WILL YOU PLEASE CALL THE ROLL.

13 MS. BONNEVILLE: HAIFAA ABDULHAQ.

14 DR. ABDULHAQ: YES.

15 MS. BONNEVILLE: DAN BERNAL.

16 MR. BERNAL: YES.

17 MS. BONNEVILLE: GEORGE BLUMENTHAL. LINDA
18 BOXER.

19 DR. BOXER: YES.

20 MS. BONNEVILLE: ALLISON BRASHEAR.

21 DR. BRASHEAR: YES.

22 MS. BONNEVILLE: DEBORAH DEAS.

23 DR. DEAS: YES.

24 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

25 DR. DULIEGE: ABSTAIN.

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1 MS. BONNEVILLE: YSABEL DURON. ELENA
2 FLOWERS.
3 DR. FLOWERS: YES.
4 MS. BONNEVILLE: JUDY GASSON.
5 DR. GASSON: YES.
6 MS. BONNEVILLE: LARRY GOLDSTEIN.
7 DR. GOLDSTEIN: YES.
8 MS. BONNEVILLE: DAVID HIGGINS.
9 DR. HIGGINS: YES.
10 MS. BONNEVILLE: STEPHEN JUELSGAARD.
11 MR. JUELSGAARD: YES.
12 MS. BONNEVILLE: LINDA MALKAS.
13 DR. MALKAS: YES.
14 MS. BONNEVILLE: DAVE MARTIN.
15 DR. MARTIN: YES.
16 MS. BONNEVILLE: SHLOMO MELMED.
17 DR. MELMED: YES.
18 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
19 MS. MILLER-ROGEN: YES.
20 MS. BONNEVILLE: ADRIANA PADILLA.
21 DR. PADILLA: YES.
22 MS. BONNEVILLE: FRANCISCO PRIETO.
23 DR. PRIETO: AYE.
24 MS. BONNEVILLE: ROBERT QUINT.
25 DR. QUINT: ABSTAIN.

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MS. BONNEVILLE: AL ROWLETT.

MR. ROWLETT: YES.

MS. BONNEVILLE: MICHAEL STAMOS.

DR. STAMOS: YES.

MS. BONNEVILLE: OS STEWARD.

DR. STEWARD: YES.

MS. BONNEVILLE: JONATHAN THOMAS.

CHAIRMAN THOMAS: YES.

MS. BONNEVILLE: ART TORRES.

MR. TORRES: AYE.

MS. BONNEVILLE: KRISTINA VUORI.

DR. VUORI: YES.

CHAIRMAN THOMAS: THANK YOU, MARIA.

NOW WE GET TO ITEM 7, WHICH IS THE MOST RIVETING AND SUBSTANTIVE ITEM ON TODAY'S AGENDA, WHICH IS CONSIDERATION OF ADOPTION OF FEBRUARY, MARCH, APRIL, MAY, JUNE, JULY, NOVEMBER, AND DECEMBER 2020 MEETING MINUTES. DO I HEAR A MOTION TO THAT EFFECT?

DR. HIGGINS: MOTION FROM DAVID IN SAN DIEGO.

CHAIRMAN THOMAS: THANK YOU, DR. HIGGINS. IS THERE A SECOND?

DR. MARTIN: SECOND.

CHAIRMAN THOMAS: THANK YOU, DR. MARTIN.

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1 ANY COMMENTS ON THIS ITEM BY MEMBERS OF THE BOARD?

2 ANY COMMENTS BY MEMBERS OF THE PUBLIC? HEARING

3 NONE, MARIA, WILL YOU PLEASE CALL THE ROLL.

4 MS. BONNEVILLE: HAIFAA ABDULHAQ.

5 DR. ABDULHAQ: YES.

6 MS. BONNEVILLE: DAN BERNAL.

7 MR. BERNAL: YES.

8 MS. BONNEVILLE: GEORGE BLUMENTHAL. LINDA

9 BOXER.

10 DR. BOXER: YES.

11 MS. BONNEVILLE: ALLISON BRASHEAR.

12 DR. BRASHEAR: YES.

13 MS. BONNEVILLE: DEBORAH DEAS.

14 DR. DEAS: YES.

15 MS. BONNEVILLE: ANNE-MARIE DULIEGE.

16 DR. DULIEGE: YES.

17 MS. BONNEVILLE: YSABEL DURON. ELENA

18 FLOWERS.

19 DR. FLOWERS: YES.

20 MS. BONNEVILLE: JUDY GASSON.

21 DR. GASSON: YES.

22 MS. BONNEVILLE: LARRY GOLDSTEIN.

23 DR. GOLDSTEIN: ABSTAIN.

24 MS. BONNEVILLE: DAVID HIGGINS.

25 DR. HIGGINS: YES.

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1 MS. BONNEVILLE: STEPHEN JUELSGAARD.
2 MR. JUELSGAARD: YES.
3 MS. BONNEVILLE: LINDA MALKAS.
4 DR. MALKAS: YES.
5 MS. BONNEVILLE: DAVE MARTIN.
6 DR. MARTIN: YES.
7 MS. BONNEVILLE: SHLOMO MELMED.
8 DR. MELMED: YES.
9 MS. BONNEVILLE: LAUREN MILLER-ROGEN.
10 MS. MILLER-ROGEN: YES.
11 MS. BONNEVILLE: ADRIANA PADILLA.
12 FRANCISCO PRIETO.
13 DR. PRIETO: AYE.
14 MS. BONNEVILLE: ROBERT QUINT.
15 DR. QUINT: YES.
16 MS. BONNEVILLE: AL ROWLETT.
17 MR. ROWLETT: YES.
18 MS. BONNEVILLE: MICHAEL STAMOS.
19 DR. STAMOS: YES.
20 MS. BONNEVILLE: OS STEWARD.
21 DR. STEWARD: YES.
22 MS. BONNEVILLE: JONATHAN THOMAS.
23 CHAIRMAN THOMAS: YES.
24 MS. BONNEVILLE: ART TORRES.
25 MR. TORRES: AYE.

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1 MS. BONNEVILLE: KRISTINA VUORI.

2 DR. VUORI: YES.

3 MS. BONNEVILLE: MOTION CARRIES.

4 CHAIRMAN THOMAS: THANK YOU. THAT
5 CONCLUDES THE ACTION ITEMS ON TODAY'S AGENDA. WE
6 ARE NOW DOWN TO PUBLIC COMMENT ON ANY TOPIC OR ANY
7 ISSUE. IS THERE ANY SUCH PUBLIC COMMENT? HEARING
8 NONE, THAT CONCLUDES TODAY'S MEETING.

9 I WANT TO, AGAIN, WELCOME OUR NEWEST
10 MEMBERS AND IMPENDING NEWEST MEMBERS. THIS WAS A
11 GREAT SESSION. I THINK THE LEVEL OF BOARD
12 ENGAGEMENT IN ALL OF OUR MEETINGS HAS BEEN TERRIFIC.
13 AND VERY, VERY PLEASED TO HAVE SUCH A WONDERFULLY
14 ENGAGED AND AUGUST GROUP. SO THANK YOU VERY MUCH.

15 AND WITH THAT, MARIA, THE DATE FOR OUR
16 NEXT MEETING IS?

17 MS. BONNEVILLE: IT'S IN MARCH, AND IT IS,
18 I BELIEVE, LET ME MAKE SURE, THE 23D. MARCH 23D.

19 CHAIRMAN THOMAS: AS YOU WILL RECALL,
20 MEMBERS OF THE BOARD, THAT IS A BOARD RETREAT AT
21 WHICH WE'LL BE DEALING WITH A NUMBER OF ISSUES
22 INCLUDING, AS I SAID OFF THE TOP, THE REPORT ON THIS
23 LAST MONDAY'S EXCELLENT SCIENTIFIC STRATEGY ADVISORY
24 PANEL MEETING. WE LOOK FORWARD TO THAT. AND WITH
25 THAT, THANK YOU FOR YOUR TIME. WE STAND ADJOURNED.

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MS. BONNEVILLE: THANK YOU, EVERYONE.
(THE MEETING WAS THEN CONCLUDED AT 12:05 P.M.)

REPORTER'S CERTIFICATE

I, BETH C. DRAIN, A CERTIFIED SHORTHAND REPORTER IN AND FOR THE STATE OF CALIFORNIA, HEREBY CERTIFY THAT THE FOREGOING TRANSCRIPT OF THE PROCEEDINGS BEFORE THE INDEPENDENT CITIZEN'S OVERSIGHT COMMITTEE OF THE CALIFORNIA INSTITUTE FOR REGENERATIVE MEDICINE IN THE MATTER OF ITS REGULAR MEETING HELD ON FEBRUARY 25, 2021, WAS HELD AS HEREIN APPEARS AND THAT THIS IS THE ORIGINAL TRANSCRIPT THEREOF AND THAT THE STATEMENTS THAT APPEAR IN THIS TRANSCRIPT WERE REPORTED STENOGRAPHICALLY BY ME AND TRANSCRIBED BY ME. I ALSO CERTIFY THAT THIS TRANSCRIPT IS A TRUE AND ACCURATE RECORD OF THE PROCEEDING.

BETH C. DRAIN, CA CSR 7152
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